

2023 Palmer College Florida Homecoming

February 24-26, 2023



PALMER

College of Chiropractic

Fellow of Palmer Academy of Chiropractic

Please mail or fax your completed registration, along with payment, to:

Palmer College of Chiropractic, Continuing Education Department

1000 Brady Street, Davenport, IA 52803

Tel: 800-452-5032 Fax: 563-884-5103

(Please note that registrations can also be completed [online](#))

1. Identification

Salutation (please check one): Dr. Mr. Ms. Mrs. Other: _____

Suffix (please check all that apply): D.C. Ph.D. C.T. C.A. Other: _____

First Name MI Last Name

E-mail Address (required) Telephone Fax

Mailing Address: Home Work Apt. #/Suite

City State/Province

Country Zip/Postal Code

Chiropractic College Graduation Year State(s) of Licensure and Number

Requests for reasonable accommodations for individuals with documented disabilities must be submitted no later than 30 days prior to the event. Please call toll free 800-452-5032 to make arrangements.

2. Fellow of Palmer Academy of Chiropractic Event Registration

Registration fee includes admission to all sessions, the exhibit area, a registration packet, continental breakfasts and lunches, plus a refreshment break. **Guest registrations do not include CE.**

Event Registration	Early Fee	After Jan. 27	Total
CE Package	\$150.00	\$350.00	\$
Non-CE Package	Complimentary	\$350.00	\$
Guest (please provide guest's name): _____	\$125.00	\$175.00	\$
		Sub-total:	\$

3. Additional Activities

Social Activity	Price per ticket	No. of tickets	Total
Saturday, February 25, 2022			
Alumni Reception Ticket	\$25		\$
		Sub-total:	\$

4. Registration Summary and Payment

Sub-total Section 2: Registration	\$
Sub-total Section 3: Additional Activities	\$
Grand Total	\$

Method of Payment

Cash Check Credit Card

Credit Card Number Exp. Date CVC

Cardholder Name

Billing Address

I hereby authorize Palmer College of Chiropractic to debit the grand total indicated above from my credit card and I acknowledge having read the cancellation policy.

Signature of cardholder Date