

# 2024 Palmer College Davenport Homecoming

September 19-21, 2024



**PALMER**  
College of Chiropractic

## Doctor 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 at:

<https://palmerce.learningexpressce.com/index.cfm>)

### 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. Doctor of Chiropractic Event Registration

Event Registration	Early Fee	After August 18	Total
Homecoming CE + Food Package	\$350.00	\$425.00	\$
Homecoming NON-CE + Food Package	\$200.00	\$250.00	\$
CE ONLY Package #1: up to 12 CE Credits Only-NO MEAL CARD	\$150.00	\$200.00	\$
CE ONLY Package #2: up to 18 CE Credits Only-NO MEAL CARD	\$200.00	\$250.00	\$
CE ONLY Package #3: up to 24 CE Credits Only-NO MEAL CARD	\$250.00	\$300.00	\$
Guest (No CE; please provide guest's name):	\$200.00ea.	\$250.00	\$
		<b>Sub-total:</b>	\$

**3. Additional Activities**

Social Activity	Price per ticket	No. of tickets	Total
<b>Saturday, September 16, 2023</b>			
Closing Festival Ticket – Ages 13 and older	\$60.00		\$
Closing Festival Ticket – Ages 5 to 12	\$20.00		\$
		<b>Sub-total:</b>	<b>\$</b>

**4. Anatomy Lab Sessions: Capacity is limited to 20 people**

Cervical, Thoracic, and Lumbar	\$200	
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**5. Registration Summary and Payment**

Sub-total Section 2: Registration	\$
Sub-total Section 3 and 4: 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