

Fellow of Palmer College

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

1. Identification

Salutation (please check one): Suffix (please check all that apply):	□Dr. □D.C.	⊡Mr. ⊡Ph.D.	□Ms. □C.T.	⊡Mrs. □C.A.	□Other: □Other:	
First Name	MI	MI Last Name				
E-mail Address (required)			Tele	ohone	Fax	
Mailing Address: □ Home □ W	′ork		Apt.	#/Suite		
City			State	/Province		
Country			Zip/	Zip/Postal Code		
Chiropractic College	Grad	uation Yea	r State	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 College 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 August 18	Total
Homecoming Non-CE + Food Package	Complimentary	Complimentary	\$
CE Only Package #1: UP TO 12 HOURS CE	\$150.00	\$200.00	\$

\$250.00	\$300.00	\$
\$200.00	\$250.00	\$
\$150.00	\$200.00	\$
	TOTAL:	\$
	\$200.00	\$200.00 \$250.00 \$150.00 \$200.00

Method of Payment

□Cash □ Check □ Credit Card: □Visa □MC □Discover □AmEx

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Please call 800-452-5032 to pay with a credit card.

Signature of cardholder

Date