

# 2023 Palmer College Davenport Homecoming

September 14-16, 2023



**PALMER**  
College of Chiropractic

## Chiropractic Student

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  
(You can also scan/email your form: [kathy.boone@palmer.edu](mailto:kathy.boone@palmer.edu))

### 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 Hometown

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. Chiropractic Student Event Registration

Event Registration	Early Fee	After August 28	Total
Homecoming Non-CE	Complimentary	Complimentary	\$
Homecoming Non-CE + Meal Card	\$125.00	\$175.00	
Guest (No CE; please provide guest's name if attending lectures with you): _____	\$200.00ea.	\$250.00	\$
		<b>Sub-total:</b>	\$

### 3. Additional Activities

Social Activity	Price per ticket	No. of tickets	Total
Thursday, September 14, 2023			
Wine Social	\$30.00		\$
Saturday, September 16, 2023			
Closing Festival Ticket – Ages 13 and older	\$60.00		\$
Closing Festival Ticket – Ages 5 to 12	\$20.00		\$
		<b>Sub-total:</b>	\$

### 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