

2025 Palmer College Davenport Homecoming September 18-20, 2025



PALMER

College of Chiropractic

Administration and Staff 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:

<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: <input type="checkbox"/> Home <input type="checkbox"/> 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. Administration and Staff 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 CE Package (Up to 24 Hours of CE with Food) <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$200.00	\$250.00	\$
Homecoming Non-CE + Food <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$200.00	\$250.00	\$

CE Only Package #1: UP TO 12 HOURS CE <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$150.00	\$200.00	\$
CE Only Package #2: UP TO 18 HOURS CE <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$200.00	\$250.00	\$
CE Only Package #3: UP TO 24 HOURS CE <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$250.00	\$300.00	\$
3-Day Meal Card <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$125.00	\$125.00	\$
CE Special Anatomy Lab Add-on Package <input type="checkbox"/> Administration <input type="checkbox"/> Staff	\$200.00	\$200.00	\$
Guest of Palmer Homecoming Registrant (No CE): <input type="checkbox"/> Administration <input type="checkbox"/> Staff **Please provide Guest's name: _____	\$200.00	\$250.00	\$
Guest of Palmer Homecoming Registrant (No CE or Food): <input type="checkbox"/> Administration <input type="checkbox"/> Staff **Please provide Guest's name: _____	\$150.00	\$200.00	\$
TOTAL:			\$

Method of Payment

☐Cash ☐ Check ☐Budget Transfer☐Credit Card: ☐Visa ☐MC ☐Discover ☐AmEx

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

Palmer College of Chiropractic, Continuing Education
Department 1000 Brady Street, Davenport, IA 52803

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

Signature of cardholder _____

Date _____

****For Internal Department Charge Only**

3. Budget Transfer – Internal Department Charge Account Information

Department	Location	Account Number	Project Code	Amount	
TOTAL					
Budget Transfer:			Notes/Remarks:		
Account Number	Add	Deduct			

Approval

Requester Name:	Date:
Budget Manager Approval: (or Budget Executive if the requestor is the Budget Manager)	Date: