

**2025 Palmer College
Davenport Homecoming
September 18-20, 2025**



PALMER
College of Chiropractic

Faculty and Retired Faculty 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. Faculty and Retired Faculty 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 Package (No Food) <input type="checkbox"/> Faculty <input type="checkbox"/> Retired Faculty	Complimentary	Complimentary	\$
Homecoming Non-CE + Food Package <input type="checkbox"/> Faculty <input type="checkbox"/> Retired Faculty	\$125.00	\$175.00	\$

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

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