

2024 Palmer College Davenport Homecoming

September 19-21, 2024



PALMER
College of Chiropractic

Chiropractic Office Staff

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. Chiropractic Office Staff Event Registration

Event Registration	Early Fee	After August 18	Total
Homecoming CE + Food Package	\$200.00	\$250.00	\$
Homecoming Non-CE + Food Package	\$200.00	\$250.00	\$
CE ONLY Package #1: up to 12 CE Credits Only	\$150.00	\$200.00	\$
CE ONLY Package #2: Up to 18 CE Credits Only	\$200.00	\$250.00	\$
CE ONLY Package #3: Up to 24 CE Credits Only	\$250.00	\$300.00	
Guest (No CE; please provide guest's name): _____	\$200.00ea.	\$250.00	\$
		Sub-total:	\$

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3. Additional Activities

Social Activity	Price per ticket	No. of tickets	Total
Saturday, September 21, 2024			
Closing Festival Ticket – Ages 13 and older	\$60.00		\$
Closing Festival Ticket – Ages 5 to 12	\$20.00		\$
		Sub-total:	\$

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: Additional Activities	\$
Grand Total	\$

Method of Payment

Cash Check Credit Card

Credit Card Number	Exp. Date	CVC
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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
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