# 2025 Palmer College Florida Homecoming

## March 14-16, 2025



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

#### 1. Identification

Salutation (please check one):	□Dr.	□ Mr.	□ Ms.	□ Mrs.	□Othe <u>r:</u>	
Suffix (please check all that apply):	□ D.C.	□ Ph.D.	□ C.T.	□ C.A.	□Othe <u>r:</u>	
First Name	MI		Last N	ame		
E mail Address (required)			Talanh			
E-mail Address (required)			Teleph	one	Fax	
Mailing Address:  □ Home  □ Worl	<		Apt. #/	Suite		
			, <b>1</b> 2 <b></b> ,			
City			State/F	Province		
					_	
Country			Zip/Po	stal Code		
China pro etia Calla sa	Oradius		Otata/a	) of Line	we and Number	
Chiropractic College	Gradua	ation Year	State(s	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

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 Jan. 3	Total
CE Package	\$200.00	\$250.00	\$
Non-CE Package	\$200.00	\$250.00	\$
Guest (please provide guest's name):	\$175.00	\$225.00	\$
Special CE Anatomy Lab Add-on Package	\$150.00	\$150.00	

		Sub-total:	\$
TWO Tickets – Palmer Sunset Soiree: The Alumni Social on the Beach	\$40.00	\$40.00	
ONE Ticket – Palmer Sunset Soiree: The Alumni Social on the Beach	\$20.00	\$20.00	

#### Method of Payment

□Cash □ Check □ Credit Card:	Visa	MC	Discover	AmEx		
Credit Card Number	Ex	p. Date	9		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 cardh	older
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Date