2025 Palmer College Florida Homecoming

March 14-16, 2025



Doctor of Chiropractic

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.	□ 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	Name		
E-mail Address (required)			Telep	hone	Fax	
Mailing Address - Home - We	. سا د		Ant 4	UC. ita		
Mailing Address: □ Home □ Wo	OI K		А βι. #	t/Suite		
City			State/	Province		
Country			Zip/Po	ostal Code		
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Chiropractic College	Gradi	uation Year	State((s) of Licens	sure 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. Doctor of Chiropractic 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	\$300.00	\$350.00	\$
Non-CE Package	\$200.00	\$175.00	\$
Guest (please provide guest's name):	\$175.00	\$200.00	\$
Special CE Anatomy Lab Add-on Package	\$150.00	\$150.00	

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

Method of Payment					
□Cash □ Check □ Credit Card	d: Visa	MC	Discover	AmEx	
Credit Card Number	Exp.	Date		CVC	
Cardholder Name					
Billing Address					
I hereby authorize Palmer College credit card and I acknowledge hav	•				above from my
Signature of cardholder		Date			