2025 Palmer College Florida Homecoming

March 14-16, 2025

PALMER College of Chiropractic

Administration, Faculty, Staff, or Retiree 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: ☐ 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. Administration, Faculty, Staff, or Retiree 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 Jan. 3	Total
CE Package ☐ Administration ☐ Faculty ☐ Staff ☐ Retiree	$50.00	$75.00	$
Non-CE Package ☐ Administration ☐ Faculty ☐ Staff ☐ Retiree	$50.00	$75.00	$
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: Visa MC Discover AmEx

Credit Card Number Exp. Date 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 cardholder Date