2025 Palmer College Florida Homecoming

March 14-16, 2025



Chiropractic Student

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 N | ame | |
| E-mail Address (required) | | | Teleph | ione | Fax |
| Mailing Address: Home Wor | k | | Apt. #/ | Suite | |
| City | | | State/F | Province | |
| Country | | | Zip/Po | stal Code | |
| Chiropractic College | Gradu | ation Year | Homet | own (city, s | state) |

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 Student 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 |
|---|-----------|--------------|-------|
| Non-CE Package | \$50.00 | \$75.00 | \$ |
| Guest (NON-D.C., limit 1, please provide guest's name): | \$175.00 | \$200.00 | \$ |

| 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 | Ехр | . Date | | CVC | |
| Cardholder Name | | | | | |
| Billing Address | | | | | |
| I hereby authorize Palmer College of credit card and I acknowledge havir | • | | _ | | above from my |
| Signature of cardholder | | Date | | | |