



## The 16th Annual TCVM Conference and Taiwan Tour 2014 Registration Instruction and Policy

### Registration Instruction

- Step 1. On the attached form, please check the courses you have previously attended.
- Step 2. Please fill out your personal information. All information is required.
- Step 3. Please select the registration time-bracket(s). A \$950 per person deposit is due by 03/20/2014. The whole payment is due 3 months prior to departure.
- Step 4. Please select the method of your payment.
- Step 5. Please mail in the registration form(s) and then fax, if possible, to the Chi Institute at (866)700-8772.

### Tentative Post-conference Tour Itinerary (August 23 - 28, 2014)

Chia Yi City, Fenchi Lake, Alishan Mountain  
Tainan City, Fort Zeelandia, Eternal Golden Castle, Confucian's Temple, Sakam Tower  
Kenting National Park, Eluanbi Lighthouse, Taitung County  
Hualien County, Sanxiantai, Pahsientung Cave, Taroko National Park

### Cancellation and Refund Policy:

Cancellations may be made by phone but a cancellation letter must be submitted to Chi Institute in writing via Fax, mail or email and signed by the doctor who is canceling before the refund is issued. Regardless of reason, cancellations result in a costly process due to nature of airfare and accommodation contracts. To offset these costs, the following fees apply. In fairness to others, we cannot make exceptions.

- Cancellation requested before 05/19/2014 = 100% refund.\*
- Cancellation requested during 04/13/2014 - 05/12/2014 = 100% - \$300 (cancellation fee) per person refund.\*
- Cancellation requested during 05/13/2014 - 06/12/2014 = 75% per person refund.\*
- Cancellation requested during 06/13/2014 - 07/12/2014 = 50% per person refund.\*
- Cancellation requested during 07/13/2014 - 08/12/2014 = 25% per person refund.\*
- No refund after 08/12/2014.

*\* For all refunds of payment by credit card, 4% of the refundable amount will be charged.*

### Important Dates to Remember:

- 03/20/2014: \$950 deposit is due and early registration rate ends.
- 05/19/2014: Whole payment is due.
- After 08/12/2014: NO REFUND.

### Cancellation of a tour by Chi Institute:

Chi Institute reserves the right to cancel the tour for any reason, but will not cancel a tour less than 90 days before departure except for unusual or unforeseen circumstances outside the company's control.

*For more information please visit our website [www.tcvm.com](http://www.tcvm.com) or call us at 800-891-1986.*



## The 16<sup>th</sup> Annual TCVM Conference and Taiwan Tour 2014 Registration Form

**STEP 1: Please check courses you previously attended.**

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: _____ When: _____
Veterinary Herbal Medicine: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> Liver/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immune/Oncology	
Advanced Programs: <input type="checkbox"/> Certified Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

**STEP 2: Personal Information (ALL INFORMATION IS REQUIRED)**

<b>Passport Name</b>	(exactly as it appears on passport)		
<b>Passport #</b>	<b>Title</b>	<b>License #</b>	
<b>Date of Birth</b>	<b>Practice</b>	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Other:	
<b>Address (work)</b>	Street Address:		
	State:	Zip Code:	Country:
<b>Address (home)</b>	Street Address:		
	State:	Zip Code:	Country:
<b>Telephone</b>	Work:	Home:	Fax:
<b>Email</b>	Public:	For Chi Institute Only:	
<b>Food Preferences</b>	<input type="checkbox"/> Vegetarian <input type="checkbox"/> I do not drink alcohol <input type="checkbox"/> Special requests (specify):		
<b>Emergent Contact</b>	Name:	Phone Number:	

**STEP 3: Please select the Registration Time-Bracket(s).**

16 <sup>th</sup> TCVM Annual Conference August 19 - 22, 2014	Post-conference Tour in Taiwan August 23 - 28, 2014
<input type="checkbox"/> US \$1,680 if a minimum \$950 deposit is paid BY 03/20/2014 and the whole payment is made BY 05/19/2014 <input type="checkbox"/> US \$1,880 if a minimum \$950 deposit is paid AFTER 03/20/2014 or the whole payment is made AFTER 05/19/2014 <input type="checkbox"/> US \$250: upgrade to a SINGLE occupancy hotel <input type="checkbox"/> 5% Discount - US \$84: I am an AATCVM veterinarian member.	<input type="checkbox"/> US \$1,680 if a minimum \$950 deposit is paid BY 03/20/2014 and the whole payment is made BY 05/19/2014 <input type="checkbox"/> US \$1,880 if a minimum \$950 deposit is paid AFTER 03/20/2014 or the whole payment is made AFTER 05/19/2014 <input type="checkbox"/> US \$300: upgrade to a SINGLE occupancy hotel
<ul style="list-style-type: none"> <li>▪ This registration fee includes Taiwan domestic air tickets, local transportation, 4 or 5 stars hotel accommodations, 3 meals per day, tours, conference and proceedings, Tai-ji, food therapy and TCM well-care activities.</li> <li>▪ <u>This registration fee does not cover the international air ticket from the U.S.A. to Taiwan.</u></li> </ul>	

**STEP 4: Please select the method of your payment and answer the question.**

<input type="checkbox"/> CHECK NO: _____ (ALL checks must be drawn on USA Banks - US Dollars Only) Payable to: Chi Institute of Chinese Medicine. (Please include your name on the memo line if paying by company check).	
Credit Card #: _____ EXP. ____/____ Name on Card: _____ Billing Zip Code: _____ Security code: _____ (Required) Please charge \$ _____ on this credit card now. <input type="checkbox"/> Please charge \$950 deposit on the above card on March 17, 2014 and the whole balance on May 19, 2014.	
<i>By signing this form, I agree to the terms and policy of the 16<sup>th</sup> TCVM Conference and Taiwan Tour 2014.</i>	
SIGNATURE: _____ DATE: _____	
<b>How did you know of this program?</b>	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Show _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Mailer _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____

**STEP 5: Please print and SIGN this form. Mail and fax (if possible) the signed form with your payment to us by using the contact information at the top of the page. Please use a dark pen when faxing.**

## The 16th Annual TCVM Conference and Taiwan Tour 2014 Registration Form

*(for vet's family members or friends only: use one form for each person)*

### STEP 1: Personal Information (ALL INFORMATION IS REQUIRED)

<b>Passport Name</b>	(exactly as it appears on passport)		
<b>Passport #</b>		<b>Date of Birth</b>	
<b>Vet's Name</b>		<b>Relationship</b>	
<b>Address(work)</b>	Street Address:		
	State:	Zip Code:	Country:
<b>Address(home)</b>	Street Address:		
	State:	Zip Code:	Country:
<b>Telephone</b>	Work:	Home:	Fax:
<b>Email</b>	For Chi Institute Only:		Public:
<b>Food Preferences</b>	<input type="checkbox"/> Vegetarian <input type="checkbox"/> I don't drink alcohol <input type="checkbox"/> Special requests (specify):		
<b>Emergent Contact</b>	Name:		Phone Number:

### STEP 2: Please select the Registration Time-Bracket(s).

<i>16th TCVM Annual Conference - Local tour during the Conference lecture times for non-vets.</i> August 19 - 22, 2014	<b>Post-conference Tour in Taiwan</b> August 23 - 28, 2014
<input type="checkbox"/> US \$1,380 if a minimum \$950 deposit is paid BY 03/20/2014 and the whole payment is made BY 05/19/2014 <input type="checkbox"/> US \$1,580 if a minimum \$950 deposit is paid AFTER 03/20/2014 or the whole payment is made AFTER 05/19/2014 <input type="checkbox"/> US \$250: upgrade to a SINGLE occupancy hotel	<input type="checkbox"/> US \$1,680 if a minimum \$950 deposit is paid BY 03/20/2014 and the whole payment is made BY 05/19/2014 <input type="checkbox"/> US \$1,880 if a minimum \$950 deposit is paid AFTER 03/20/2014 or the whole payment is made AFTER 05/19/2014 <input type="checkbox"/> US \$300: upgrade to a SINGLE occupancy hotel

- This registration fee includes Taiwan domestic air tickets, local transportation, 4 or 5 stars hotel accommodations, 3 meals per day, tours, conference and proceedings, Tai-ji, food therapy and TCM well-care activities.
- This registration fee does not cover the international air ticket from the U.S.A. to Taiwan.

### STEP 3: Please select the method of your payment and answer the question.

<input type="checkbox"/> CHECK NO: _____ ALL checks must be drawn on USA Banks - US Dollars Only Payable to: Chi Institute of Chinese Medicine. (Include your name on the memo line If pay by company check).
Credit Card #: _____ EXP. ____/____ Name on Card: _____ Billing Zip Code: _____ Security code: _____ (Required) Please charge \$ _____ on this credit card now. <input type="checkbox"/> Please charge \$950 deposit on the above card on March 17, 2014 and the whole balance on May 19, 2014.
<i>By signing this form, I agree to the terms and policy of the 16<sup>th</sup> TCVM Conference and Taiwan Tour 2014.</i> SIGNATURE: _____ DATE: _____

**STEP 4: This form may be copied or duplicated. If there is more than one of your family members or friends wish to go with you, please complete a separate form for each person.**

**STEP 5: Please print and SIGN this form. Mail and fax (if possible) the signed form with your payment to us by using the contact information at the top of the page.**