

Veterinary Ophthalmology

Prerequisite:

Licensed Veterinarian or third or fourth year CVM student.

Step-by-Step Instructions on the Registration Form:

Step 1. Check which classes you have previously attended.

Step 2. Fill out contact information.

Step 3. Select the module(s) you wish to take.

Step 4. Select the Method of Payment.

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.

Refund Policy:

Chi Institute on-site and online class cancellations will only be processed by calling our registration department directly at 1-800-860-1543 or emailing register@tcvm.com.

The Chi Institute will confirm all cancellations requests by fax or email. If the student does not receive a confirmation of cancellation within three (3) business days of the request, the student should call 1-800-860-1543 to reconfirm. Financial responsibility remains with the student for all class fees unless a proper cancellation request is received and confirmed by the Chi Institute prior to the start of the class.

International students attending a class are responsible for any government customs, regulations, and restrictions. If a student is refused entry into the United States, the standard cancellation charges will apply.

The following on-site and online class cancellation fee schedule applies:

<u>Date of cancellation request</u>	<u>Applicable Fees</u>
* More than 60 calendar days	No Charge/Full Refund
* 30 – 60 calendar days	25% of the total class fee
* 15 – 29 calendar days	50% of the total class fee
* 8 – 14 calendar days	75% of the total class fee
* 7 or fewer calendar days	100% of the total class fee (No Refund)

All cancellation and transfer fees will be charged to the credit card provided by the student at the time of registering for the class. For a cancellation with payment(s), the refund of the paid amount, minus the cancellation fee will be issued.

* For all refunds of payment by credit card, 4% of the refundable amount will be charged as a processing fee.



Veterinary Ophthalmology

STEP 1: Please check which 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 Courses: <input type="checkbox"/> Certified Veterinary <i>Tui-na</i> <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points <input type="checkbox"/> Food Therapy	

STEP 2: Contact Information/Preferred Mailing Address. Print or type all information clearly.

NAME	First Name:	Middle Name:	Last Name:
TITLE	NICKNAME		LICENSE #
BUSINESS			
ADDRESS (W)	Street Address:		
	State:	Zip Code:	Country:
ADDRESS (H)	Street Address:		
	State:	Zip Code:	Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	Public: _____ For Chi Institute only: _____		

STEP 3: Select the registration box for the program that you wish to participate in.

Online Course
<input type="checkbox"/> Small Animal Online (Mar. 17 - July 17, 2017): \$750
<input type="checkbox"/> Equine Online (Mar. 17 - July 17, 2017): \$750
<input type="checkbox"/> Small Animal & Equine Online (Mar. 17 - July 17, 2017): \$1300
<input type="checkbox"/> TCVM Ophthalmology Portion (Mar. 17 - July 17, 2017): \$550
<input type="checkbox"/> Registering for the TCVM portion and one of the conventional portions: -\$200
<input type="checkbox"/> Application fee for first time students: \$100
Grand Total: \$ _____

STEP 4: Select Method of Payment and Answer the Questions

<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 paying by company check).	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMERICAN EXP RESS <input type="checkbox"/> DISCOVER Name on Card: _____	
BILLING ADDRESS: _____ BILLING ZIP CODE: _____	
CREDIT CARD NO: _____ EXP. DATE: _____ SECURITY CODE: _____	
SIGNATURE: _____ DATE: _____	
How did you know about this course?	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Show _____ <input type="checkbox"/> Magazine _____
	<input type="checkbox"/> Internet <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Other _____