



The 21st Annual TCVM Conference in Shanghai, China 2019 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).
- 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 (800) 860-1543.

Important Dates to Remember:

- Feb 18, 2019: \$950 deposit per person due for early registration rate: \$1,150.
- Feb 18, 2019: Last day for early registration rate of \$1,150 (\$400 discount).
- Mar 18, 2019: Last day for advanced registration rate \$1,250 (\$300 discount).
- Mar 18, 2019: Full payment due
- May 31, 2019: Last day for discounted registration rate \$1,350 (\$200 discount).
- June 1 – Aug 29, 2019: Tuition increases to \$1550.
- After Aug 16, 2019 NO REFUND.

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 05/15/2019 = 100% refund.*
- Cancellation requested during 05/15/2019 - 05/31/2019 = 100% - \$300 (cancellation fee) per person refund.*
- Cancellation requested during 06/01/2019 - 06/15/2019 = 100% - \$750 (cancellation fee) per person refund.*
- Cancellation requested during 06/16/2019 - 07/15/2019 = 50% refund.*
- Cancellation requested during 07/16/2019 - 08/16/2019 = 25% refund.*

No refund 14 days or less before the conference starts.

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

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 or call us at 800-860-1543.



The 21st Annual TCVM Conference 2019 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 <i>Tui-na</i> <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

STEP 2: Personal Information (ALL INFORMATION IS REQUIRED)

Passport Name	(exactly as it appears on passport)		
Passport #	Title	License #	
Date of Birth	Practice	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Other:	
Address (work)	Street Address:		
	State:	Zip Code:	Country:
Address (home)	Street Address:		
	State:	Zip Code:	Country:
Telephone	Work:	Home:	Fax:
Email	Public: _____ For Chi Institute Only: _____		
Food Preferences	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Special diet, I will bring my own food <input type="checkbox"/> Regular		
Emergent Contact	Name:	Phone Number:	

STEP 3: Please select the Registration Time-Bracket(s). *Guests of attendees must fill out a separate form*

Conference Aug 30 - Sept 2, 2019 & Tour A Aug 31 - Sept 2, 2019	Optional Tours Tour B Sept 3-6, 2019 & Tour C Sept 6-11, 2019
<input type="checkbox"/> USD \$1350 Conference with Double Occupancy Hotel Room <input type="checkbox"/> USD \$1590 Conference with Single Occupancy Hotel Room <input type="checkbox"/> USD \$1250 Tour A for Guests with Double Occupancy Hotel Room <input type="checkbox"/> USD \$1490 Tour A for Guests with Single Occupancy Hotel Room <input type="checkbox"/> 首屆中國臨床中獸醫大會 (1st China Clinician's Conference on TCVM, In Chinese Aug 30, 2019: complimentary to all ICTCVM attendees (for Chinese Speaking vets only): \$0	<input type="checkbox"/> USD \$1350* Tour B in Hangzhou with Double Occupancy Hotel Room <input type="checkbox"/> USD \$1590* Tour B in Hangzhou with Single Occupancy Hotel Room <input type="checkbox"/> USD \$1950 Tour C* in Yichang and Shennongjia with Double Occupancy Hotel Room <input type="checkbox"/> USD \$2310 Tour C* in Yichang and Shennongjia with Single Occupancy Hotel Room <i>*You must register for Tour B when registering for Tour C.</i>
Discounts and Fees <input type="checkbox"/> -\$70 Discount for Active WATCVM Members	
<i>This registration fee includes lunch each day, reception dinner and conference. \$950 deposit per person due on January 31, 2019 for early registration rate.</i>	

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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"/> Charge \$950 deposit on February 18, 2019 <input type="checkbox"/> Please charge total amount due on the above card on March 18, 2019. <input type="checkbox"/> \$100 late fee (based on early registration rates) for payments received after March 18, 2019. <input type="checkbox"/> \$200 late fee (based on early registration rates) for payments received after March 31, 2019.	
<i>By signing this form, I agree to the terms and policy of the 21st TCVM Conference 2019.</i>	
SIGNATURE: _____ DATE: _____	
How did you hear about this conference?	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Show _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Mailer _____ <input type="checkbox"/> Email _____

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.