



Clinical Applications of Chinese Veterinary Medicine and Integrative Medicine San Francisco, CA

Prerequisite:

Licensed Veterinarian.

Step-by-Step Instructions on the Registration Form:

Step 1. Check which Veterinary Acupuncture Classes you have previously attended.

Step 2. Fill out contact information.

Step 3. Select the registration time-bracket for the session you wish to participate in.

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:

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.

- More than 30 days prior to class date = 100% refund for payment by check and 96% refund for credit card.
- 14 to 29 days prior to class date = 90% refund/86% for credit card
- 7 to 13 days prior to class date = 80% refund/76% for credit card
- No shows = No refund / No transfer

A \$25 fee is required for all payments made through wire transfer.



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STEP 1: 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 2: Select the Registration Time-Bracket for the session you wish to participate in.

Small Animal Session April 27, 2019	Equine Session April 28, 2019	All Sessions April 27-28, 2019
<input type="checkbox"/> US \$200	<input type="checkbox"/> US \$200	<input type="checkbox"/> US \$350

STEP 3: Select Method of 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).	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER Name on Card: _____	
CREDIT CARD NO: _____ EXP. DATE: _____	
SIGNATURE: _____ CSC Code: _____	
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 _____

STEP 4: 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.