

TCVM Diagnostics, Classical Points and Advanced Acupuncture Techniques Program Registration Instruction

Prerequisites:

1. Licensed Veterinarian.
2. Completion of a veterinary acupuncture course provided by Chi Institute, IVAS, CSU or Tuft.
3. To all new students of Chi Institute, a one-time non-refundable \$100 application fee is required for application process and student file. The registration will not be processed without the application fee.

Step-by-Step Instructions on the Registration Form:

- Step 1. Check which Veterinary Acupuncture and TCVM Clinical Approach/Herbal course(s) you have previously attended.
- Step 2. Fill out contact information.
- Step 3. Select the registration time-bracket(s) for the course you wish to participate in. The full payment for the tuition must be received on the day of registration. The discounted price ends 30 days before the class starts. The tuition will increase of \$50 if registering within 1-29 days before the beginning of corresponding course. A \$100 onsite registration fee will be charged if the student registers on site.
- Step 4. Select the Method of Payment.
- Step 5. If you are the new student of Chi Institute, please attach a brief biographical sketch explaining your type of work and your motivation for attending our program(s). Please indicate any previous exposure or experience with Traditional Chinese Medicine including acupuncture or Chinese herbals. Please also attach a recent passport photograph of yourself. And please note a one-time \$100 application fee is required for application process and student file.
- Step 6. 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.

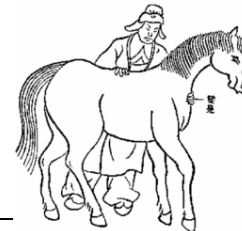
Refund Policy:

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 60 days prior to class date = 100% refund for payment by check and 96% refund for credit card.
- 31 to 59 days prior to class date = 75% refund/71% for credit card
- Within 30 days of the class date = No refund

Transfer Policy:

If a student wants to transfer from an already paid module to another, no fee will be charged if the student notifies Chi Institute 14 days before the beginning of the corresponding module or earlier. However, it is the student's responsibility to pay the tuition difference if there is any. A 10% reschedule/transfer fee will be charged if the student notifies Chi Institute within 1 to 13 days before the beginning of corresponding module. The payment for all rescheduled or transferred modules can't be refunded later. It is only possible to transfer to the same class/session/module held in a different time (following years).



TCVM Diagnostics, Classical Points and Advanced Acupuncture Techniques Class 2010 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: <input type="checkbox"/> Chi <input type="checkbox"/> IVAS <input type="checkbox"/> CSU <input type="checkbox"/> Tufts <input type="checkbox"/> Other: _____
TCVM Herbology: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> LIV/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immu	West Coast Herbology: Module <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
Advanced Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> Annual Conference <input type="checkbox"/> TCVM Diagnosis & Classical Points <input type="checkbox"/> TCVM Food Therapy	

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

NAME	First Name:	Middle Name:	Last Name:
TITLE	NICKNAME		LICENSE #
BUSINESS	PRACTICE <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed <input type="checkbox"/> Other _____		
ADDRESS (W)	Street Address:		
	City:	State:	Zip Code: Country:
ADDRESS (H)	Street Address:		
	City:	State:	Zip Code: Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	Public: For Chi Institute only:		

STEP 3: Please select the Registration Time-Bracket(s) for the course(s) you wish to participate in.

Application Fee	Small Animal Session (Jan 21 - 24, 2010)	Equine Session (Jan 28 - 31, 2010)
<input type="checkbox"/> US \$100 (Application Fee, new student only, due with registration.)	<input type="checkbox"/> US \$1050 registered before Dec 22, 2009	<input type="checkbox"/> US \$900 registered by Dec 25, 2009 (save \$150)
	<input type="checkbox"/> US \$1100 reg. during Dec 22, 2009- Jan 20, 2010	<input type="checkbox"/> US \$1100 reg. during Dec 29, 2009- Jan 27, 2010
	<input type="checkbox"/> US \$1150 registered during Jan 21 - 24, 2010	<input type="checkbox"/> US \$1150 registered during Jan 28 - 31, 2010
Grand Total :		\$

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. (Include your name on the memo line If pay by company check).	
Please charge \$ _____ on this credit card now (full payment required upon registration). BILLING ZIP CODE: _____ (REQUIRED, the zip code where you receive your bills for this card.) CARD NO: _____ EXP. ____/____ SIGNATURE: _____ DATE: _____	
How did you know this program?	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Conference _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Mailer <input type="checkbox"/> Email <input type="checkbox"/> Other _____

STEP 5: If this is the first time you register courses with us, please attach a brief biographical sketch and a recent photograph of yourself. A non-refundable \$100 application fee is required for all new students.

STEP 6: Please print and SIGN this form. Mail and fax (if possible) the signed form with your payment to us using the contact information at the top of the page.

Bio Sheet to Accompany Registration for Student File

(Required for all new students; previous students please update if appropriate)

Name: _____

Title: _____

I graduated from _____ **Veterinary School in**

19____ **200**__

I have **have not** **previously studied acupuncture.**

I have **have not** **previously studied Chinese herbs.**

Previous Background, if applicable:

My current practice specializes in:

I work on Small Animals Y N Equine Y N Exotics Y N Other:

My goals in studying TCVM are:

Some personal information about me and my interests:

Signed: _____ **Date**_____

(Use reverse side if more room is needed)