



The 12th Annual TCVM Conference and Post-conference Tour in China 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 \$750 per person deposit is due by 5 months before the conference starting date. 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 Itinerary *(the confirmed itinerary will be available by 08/12/2010)*

- Sep 11, 2010: Being picked up at Shang-hai International Airport
- Sep 12, 2010: Fly to Lan-zhou
- Sep 13 to 16, 2010: TCVM conference in Lan-zhou
- Sep 17, 2010: Arrival and tour at Jia-yu-guan, the west end of the Great Wall
- Sep 18, 2010: Arrival at Dun-huang
- Sep 19, 2010: Tour at Dun-huang
- Sep 20, 2010: Fly to Zhengzhou and tour at Shaolin Temple
- Sep 21, 2010: Martial art class with the master
- Sep 22, 2010: Fly to Shang-hai
- Sep 23, 2010: Tour and shopping at Shang-hai
- Sep 24, 2010: Shopping at Shang-hai
- Sep 25, 2010: Return home

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 plus a loss of revenue if time does not permit resale of the lost reservation. To offset these costs, the following fees apply. In fairness to others, we cannot make exceptions.

- Cancellation requested before 06/11/2010 = 100% refund.*
- Cancellation requested during 06/12/2010 - 07/12/2010 = 100% - \$300 (cancellation fee) per person refund.*
- Cancellation requested during 07/13/2010 - 07/28/2010 = 100% - \$750 (cancellation fee) per person refund.*
- Cancellation requested during 07/29/2010 - 08/11/2010 = 50% refund.*
- Cancellation requested during 08/12/2010 - 09/03/2010 = 25% refund.*
- No refund 7 days or less before departure.

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

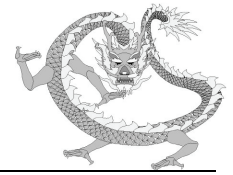
Important Dates to Remember:

- 04/11/2010: \$750 deposit per person due.
- 06/11/2010: Whole Payment due.
- After 09/03/2010: 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 or call us at 800-891-1986.



The 12th Annual TCVM Conference and Post-conference Tour in China 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)

Passport Name	(as exactly 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"/> I don't drink alcohol <input type="checkbox"/> Special requests (specify): _____			
Emergent Contact	Name: _____		Phone Number: _____	

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

12 th TCVM Annual Conference Sept 11 to 16, 2010	Post-conference Tour in China Sept 17 to 25, 2010	Memo
<input type="checkbox"/> US \$1800 if a minimum \$750 deposit is paid before April 12, 2010 and the whole payment is made before June 12, 2010 <input type="checkbox"/> US \$1950 if the \$750 deposit is paid after April 11, 2010 or the whole payment made after June 11, 2010	<input type="checkbox"/> US \$1850 if a minimum \$750 deposit is paid before April 12, 2010 and the whole payment is made before June 12, 2010 <input type="checkbox"/> US \$2000 if the \$750 deposit is paid after April 11, 2010 or the whole payment made after June 11, 2010	<ul style="list-style-type: none"> ■ This registration fee includes three China 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 China. ■ A minimum \$750 deposit is due by April 11, 2010.

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: _____ (Required) Please charge \$ _____ on this credit card now. <input type="checkbox"/> Charge \$750 deposit on the above card on April 11, 2010 <input type="checkbox"/> Charge the whole balance on the above card on June 11, 2010	
<i>By signing this form, I agree to the terms and policy of the 12th TCVM Conference and China Tour 2010.</i>	
SIGNATURE: _____ DATE: _____	
How did you know of this program?	<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 12th Annual TCVM Conference and Post-conference Tour in China Registration Form
(Optional, for veterinarian's family members or friends only)

STEP 1: Personal Information (ALL INFORMATION IS REQUIRED)

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

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

12 th TCVM Annual Conference & China Trip 2010 (Sept 11 to 25, 2010)		Memo
Share the hotel room with the vet	Not share the hotel room with the vet	
<input type="checkbox"/> US \$3200 if a minimum \$750 deposit is paid before April 12, 2010 and the whole payment is made before June 12, 2010 <input type="checkbox"/> US \$3550 if the \$750 deposit is paid after April 11, 2010 or the whole payment is made after June 11, 2010	<input type="checkbox"/> US \$3650 if a minimum \$750 deposit is paid before April 12, 2010 and the whole payment is made before June 12, 2010 <input type="checkbox"/> US \$3950 if the \$750 deposit is paid after April 11, 2010 or the whole payment is made after June 11, 2010	<ul style="list-style-type: none"> • This registration fee includes three China domestic air tickets, local transportation in China, 4 or 5 stars hotel accommodations, 3 meals per day, tours, conference and proceedings, Tai-ji and Food therapy TCM Well-care Activities. • This registration fee does not cover the international air ticket from the U.S.A. to China. • A minimum \$750 deposit is due by April 11, 2010.

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: _____ (Required) Please charge \$ _____ on this credit card now. <input type="checkbox"/> Charge \$750 deposit on the above card on April 11, 2010 <input type="checkbox"/> Charge the whole balance on the above card on June 11, 2010 <i>By signing this form, I agree to the terms and policy of the 12th TCVM Conference and China Tour 2010.</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.