



Veterinary Herbal Medicine / TCVM Clinical Approach Program ON-SITE Class Registration Instruction

Prerequisites:

1. Licensed Veterinarian.
2. A module of Introduction to Chinese Herbal Medicine is required for those who have not taken any Chinese herbal course before. This module is offered by DVD. The student must watch and study all 5 lectures on the DVD before the regular module of the herbology program.
3. A module of Introduction to Traditional Chinese Veterinary Medicine (TCVM) is offered by DVD and is required for those who have not taken any TCVM courses, such as Veterinary Acupuncture and etc, before.
4. 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 this fee.

Step-by-Step Instructions on the Registration Form:

- Step 1. Check which TCVM course(s) you have previously attended.
- Step 2. Fill out your contact information.
- Step 3. Select the herbology module(s) you wish to take.
- Step 4. Select the registration time-bracket(s) for each Herbal Module you wish to participate in. The full payment for the tuition of each module must be physically in our office by 30 days before the beginning of corresponding module. A \$50 late fee will be charged if the payment is sent within 1-29 days before the beginning of corresponding module. An additional \$100 onsite registration fee will be charged if the student waits to pay the tuition on site.
- Step 5. If you are a 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 also attach a recent photograph of yourself.
- 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.

- Over 30 days prior to the corresponding onsite class beginning date = 100% refund for check payment and 96% refund for credit card payments.
- 15 to 29 days prior to the corresponding onsite class beginning date = 75% refund and 71% refund for credit card payments.
- Within 15 days of the corresponding onsite class beginning date = No refund

Transfer Policy:

A student may transfer his registration to another online/onsite module if the student notifies Chi Institute 14 days before the beginning date of the corresponding onsite class. Student should pay for the tuition difference if any. No transfer may be made within 15 days of the corresponding onsite class beginning date.

Discount Policy:

- A 50% discount applies if a student wishes to repeat a module that he has taken at the Chi Institute before.
- \$200 discount applies if a student registers all five modules (ON-SITE/ON-LINE) and pays for the tuition for all five modules in full at the time of registration.



Veterinary Herbal Medicine / TCVM Clinical Approach Program ON-SITE Class 2010 Registration Form

STEP 1: Check courses 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-mediated	
Advanced Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Adv. Acupuncture <input type="checkbox"/> Veterinary 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	PRACTICE	Small Animal	Equine Mixed Other _____
ADDRESS (W)	Street Address:		
	City:	State:	Zip Code: Country:
ADDRESS (H)	Street Address:		
	City:	State:	Zip Code: Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	For Chi Institute only (Required):		Public:

STEP 3: Check the module(s) you wish to register.

Liver/ Endocrinology	Dermatology/ Immune-mediated	Gastrointestinal/ Spleen	Respiratory/ Cardiovascular	Kidney/Urinary/ Geriatric/Reproductive
<input type="checkbox"/> \$750 paid before Jan 5, 2010	<input type="checkbox"/> \$750 paid before Apr 14, 2010	<input type="checkbox"/> \$750 paid before June 30, 2010	<input type="checkbox"/> \$750 paid before Sept 22, 2010	<input type="checkbox"/> \$750 paid before Nov 19, 2010
<input type="checkbox"/> \$800 paid during Jan 5 to Feb 3, 2010	<input type="checkbox"/> \$800 paid during Apr 14 to May 12, 2010	<input type="checkbox"/> \$800 paid during June 30 to July 28, 2010	<input type="checkbox"/> \$800 paid during Sept 22 to Oct 20, 2010	<input type="checkbox"/> \$800 paid during Oct 19 to Nov 17, 2010
<input type="checkbox"/> \$850 paid during Feb 4 to 7, 2010	<input type="checkbox"/> \$850 paid during May 13 to 16, 2010	<input type="checkbox"/> \$850 paid during July 29 to Aug 1, 2010	<input type="checkbox"/> \$850 paid during Oct 21 to 24, 2010	<input type="checkbox"/> \$850 paid during Nov 18 to 21, 2010
<input type="checkbox"/> Extend my study to May 13, 2010 ON-LINE: \$150	<input type="checkbox"/> Extend my study to Aug 22, 2010 ON-LINE: \$150	<input type="checkbox"/> Extend my study to Nov 7, 2010 ON-LINE: \$150	<input type="checkbox"/> Extend my study to Jan 30, 2011 ON-LINE: \$150	<input type="checkbox"/> Extend my study to Feb 27, 2011 ON-LINE: \$150
<input type="checkbox"/> Application Fee: \$100 (new student only); <input type="checkbox"/> TCVM Introduction: \$100; <input type="checkbox"/> Herbal Introduction: \$100; <input type="checkbox"/> Case Report Review & Certification: \$250				
<input type="checkbox"/> 50% off of tuition because I am retaking the following module(s): _____				\$ Total Due:
<input type="checkbox"/> Save \$200 for registering and paying the tuition for all five modules (ON-SITE/ON-LINE) in full now				

STEP 4: 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).	
Please charge \$ _____ on this credit card now. <input type="checkbox"/> Charge my credit card for the tuition 30 days before each checked module Name on Card: _____ BILLING ZIP CODE: _____ (REQUIRED) CREDIT CARD#: _____ EXP. : ___/___ SIGNATURE: _____ DATE: _____	
How did you hear about 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. 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 by using the contact information at the top of the page.

Bio Sheet to Accompany Registration for Student File

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)