

Clinical Application of Acupuncture and Chinese Herbal Medicine

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. The full payment for the tuition must be received or postmarked by 30 days before the beginning of corresponding session. A \$50 late fee will be charged if the payment is sent within 1-29 days before the beginning of corresponding session. An additional \$100 onsite registration fee will be charged if the student waits to pay the tuition on site.
- 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

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

Small Animal Session Sep 25, 2010	Equine Session Sep 26, 2010	Both Sessions Sep 25 - 26, 2010
<input type="checkbox"/> US \$100 paid before Aug 25, 2010	<input type="checkbox"/> US \$100 paid before Aug 26, 2010	<input type="checkbox"/> US \$175 paid before Aug 25, 2010
<input type="checkbox"/> US \$150 paid during Aug 25 - Sep 24, 2010	<input type="checkbox"/> US \$150 paid during Aug 26 - Sep 25, 2010	<input type="checkbox"/> US \$225 paid during Aug 25 - Sep 24, 2010
<input type="checkbox"/> US \$200 paid on Sep 25, 2010	<input type="checkbox"/> US \$200 paid on Sep 26, 2010	<input type="checkbox"/> US \$275 paid during Sep 25, 2010

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: _____ 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.