



## **Certified Veterinary Tui-Na Program (Workshop) Registration Instruction**

### **Prerequisites:**

1. Licensed Veterinarian.
2. TCVM Fundamental Theories (Yin Yang, Five Elements and Eight Principles): 5 lectures, offered on DVD for \$100 (including handout materials). Only required for those who hasn't taken the Veterinary Acupuncture classes before.
3. To all new students of Chi Institute, a **one-time non-refundable \$100 application fee** is required for application process and document 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 Modules you have previously attended.
- Step 2. Fill out contact information.
- Step 3. Select the registration time-bracket(s) for the course selected. The full payment for the tuition must be received or postmarked 30 days before the beginning of corresponding course. A \$50 late fee will be charged if the payment is sent within 1-29 days before the beginning of corresponding course.
- Step 4. Select the Method of Payment.
- 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 indicate any previous exposure or experience with Traditional Chinese Medicine including acupuncture or Chinese herbals. Please also attach a recent passport photograph of yourself. Please note a **one-time non-refundable \$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 30 days prior to class date = 100% refund for payment by check/ 96% refund for credit card.
- 15 to 29 days prior to class date = 75% refund/71% for credit card
- Within 15 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).



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 Tel: (800) 891-1986  
 Fax: (866) 700-8772, (352) 591-2854  
 Website: [www.tcvm.com](http://www.tcvm.com)  
 Email: [register@tcvm.com](mailto:register@tcvm.com)

## Certified Veterinary Tui-Na Program (Workshop) Registration Form

**STEP 1: Check courses you previously attended.**

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: _____ When: _____
TCVM Clinical Approach / Herbology: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> Liver/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immu	
Advanced Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

**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).**

Fees	Vet. Tui-Na Class 2010 (Dec 9-12, 2010)
<input type="checkbox"/> US \$100 (Application Fee, new student only, due with registration)	<input type="checkbox"/> US \$1200 paid before Nov 10, 2010
<input type="checkbox"/> US - \$150 (I do NOT wish to be certified as a Certified Tui-na Practitioner. Subtract \$150 Certification Fee from the tuition.)	<input type="checkbox"/> US \$1250 paid during Nov 10 - Dec 8, 2010 <input type="checkbox"/> US \$1300 paid during Dec 9-12, 2010 <i>(\$150 fee included for take-home exam, case report review and certification.)</i>
<b>Grand Total:</b>	<b>\$</b>

**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. <input type="checkbox"/> Charge tuition on this card 30 days before the selected session(s).	
BILLING ZIP CODE: _____ (REQUIRED, the zip code where you receive your bills for this card.)	
CARD NO: _____ EXP. ____/____ SIGNATURE: _____ DATE: _____	
<b>How did you know this program?</b>	<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 by 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)***