

Traditional Chinese Medicine for Veterinary Technicians Program Registration Instruction

Prerequisites:

1. Certified Veterinary Technicians.
2. A reference letter from a licensed veterinarian.
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. Fill out technician's contact information.
- Step 2. Fill out referenced veterinarian's 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 physically in our office by 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. An additional \$100 onsite registration fee will be charged if the student pays the tuition 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 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 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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Traditional Chinese Medicine for Veterinary Technicians Program Registration Form

STEP 1: Technician 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: Reference Veterinarian Contact Information.

NAME		TITLE		LICENSE #	
ADDRESS	Street Address:				
	City:	State:	Zip Code:	Country:	
TELEPHONE	FAX				

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

Application Fee	Traditional Chinese Medicine for Veterinary Technicians	
	Class 2010 (Feb 18 - 21, 2010)	Class 2012 (TBA)
<input type="checkbox"/> US \$100 (Application Fee, new student only)	<input type="checkbox"/> US \$900 paid before Jan 19, 2010 <input type="checkbox"/> US \$950 paid during Jan 21- Feb 17, 2010 <input type="checkbox"/> US \$1,000 paid during Feb 18 - 21, 2010	<input type="checkbox"/> US \$900 paid before TBA <input type="checkbox"/> US \$950 paid during TBA <input type="checkbox"/> US \$1,000 paid during TBA
Grand Total:		\$

STEP 4: Select Method of Payment and Answer the Question

<input type="checkbox"/> CHECK NO: _____ ALL checks must be drawn on USA banks in US Dollars only, made payable to: Chi Institute and received in this office by due date to avoid extra charges. (Include your name on the memo line if paying 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: _____	
How did you know this program?	<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 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 b using the contact information at the top of the page.

Bio Sheet to Accompany Registration for Student File

Name: _____

Title: _____

I graduated from

_____ Veterinary Tech School in

19____ 200____

I have have not previously studied acupuncture.

I have have not previously studied Chinese herbs.

Previous Background, if applicable:

Relevant Background:

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)