



Mixed Practice Veterinary Acupuncture Program Registration Instruction

Prerequisites:

1. Licensed Veterinarian.
2. To all new students of Chi Institute, a **one-time non-refundable \$100 application fee** is added to Session 1 tuition. Your seat will not be reserved until payment is received.

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 discounts and fees that apply to you. The full payment for Session 1 tuition must be received by 3 months before the 1st day of the Session 1. The full payment for the tuition of Sessions 2, 3 and 4 must be received by 30 days before the beginning of corresponding session. The discounted price ends 30 days before the class starts. The tuition increases of \$50 if registering within 1-29 days before the beginning of corresponding session.

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 or email a recent passport photograph of yourself. Please note a one-time **\$100 application fee** is required for application process and student file. Your registration is not complete until your registration form, photo and bio are received.

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 60 days prior to class date = 100% refund for payment by check and 96% refund for credit card
- 30 to 60 days prior to class date = 75% refund/71% for credit card
- Within 30 days of the class date = No refund

Transfer Policy:

If a student wants to transfer from an already paid session to another (it is also allowed to transfer to the session of Mixed Practice Veterinary Acupuncture program), no fee will be charged if the student notifies Chi Institute 30 days before the beginning of the corresponding session 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 30 days before the beginning of the corresponding session. The payment for all rescheduled or transferred sessions will not be refunded later. It is only possible to transfer to the same class/session/module held in a different time (following years).

Discount Policy:

The 30% discount applies if a student completes all sessions of the Chi Institute Small Animal Acupuncture and wishes to repeat a session. If you fall in this category, please mark the 30% discount checkbox at the bottom of the table of step 4 of registration form and fill the "Grand Total Due" with the amount after discount.



Mixed Practice Acupuncture Class 2011 Registration Form

STEP 1: Check courses previously attended. If none, check appropriate box.

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"/> Certified Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

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: <input type="checkbox"/> SA <input type="checkbox"/> MIX <input type="checkbox"/> EQ		
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: Select the discounts and fees that apply to you.

Session 1 July 21 - 24, 2011	Session 2 Sept 15 - 18, 2011	Session 3 Oct 27 - 30, 2011	Session 4 Dec 8-12, 2011	Fees
US \$1100 registered before July 20, 2011	US \$1100 paid before Aug 14, 2011	US \$1100 paid before Sept 26, 2011	US \$1450 paid before Nov 7, 2011	<input type="checkbox"/> US \$100 (Application fee, new student only) <input type="checkbox"/> Deduct US \$350 from the 4 th Session if you do not wish to get certified (\$250 for certification exams and \$100 for case report review and certification).
US \$1150 registered during July 21 - 20, 2011	US \$1150 paid during Aug 15- Sept 14, 2011	US \$1150 paid during Sept 27 - Oct 26, 2011	US \$1500 paid during Nov 8 - Dec 7, 2011	
<input type="checkbox"/> 30% discount (if re-take the course)			Grand Total:	\$

STEP 4: Select Method of Payment and Answer the Question

Recommended Method: (\$100 one-time non-refundable application fee is due on registration if you are a new Chi student.)	
Please charge \$_____ on this credit card now (Session 1 tuition is due by 3 months before the 1st day of Session 1; Sessions 2, 3 and 4 will be automatically charged to this card for your convenience 30 days before each session unless you notify us otherwise).	
BILLING ZIP CODE: _____ (REQUIRED , the zip code where you receive your bills for this card)	
CREDIT CARD NO: _____ EXP. ___/___ SIGNATURE: _____ DATE: _____	
<input type="checkbox"/> CHECK NO: _____ ALL checks must be drawn on USA Banks - US Dollars Only, and must be in our office immediately after registration for Session 1 and at least 30 days before sessions 2, 3 and 4.	
Payable to: Chi Institute of Chinese Medicine. (Include your name on the memo line If pay by company check).	
How did you know 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 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)