



## Mixed Practice Acupuncture Program Spring Class Registration Instructions

### Prerequisites:

1. Licensed Veterinarian.
2. To all new students of the 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. 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 the tuition of each session must be received 30 days before the beginning of corresponding session. The discounted price ends 30 days before the session starts. The tuition will increase by \$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 a new student of the 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 photograph of yourself, faxed pictures not acceptable. Please note a one-time nonrefundable **\$100 application fee** is required for the application process and student file. Your registration will not be 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 you feel that you have made the wrong choice, it may be possible to transfer into or out of your selected specialty, with sufficient notice. Please call the Chi Office to discuss this as soon as you can, before the next session. A 10% reschedule/transfer fee will be charged for any changes after session 1.

### 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 Program Spring 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"/> EQ <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: Select the Registration Time-Bracket(s) for the session(s) you wish to participate in.

Session 1 (online) Jan 1–March 9, 2011	Session 2 (onsite) March 10-13 2011	Session 3 (online) Mar 14 – June 15, 2011	Session 4 (onsite) June 16-19, 2011	Session 5 (onsite) Aug 25- 28, 2011
<input type="checkbox"/> US \$625 paid before Dec 1, 2010	<input type="checkbox"/> US \$1,100 paid before Feb 9, 2011	<input type="checkbox"/> US \$625 paid before Feb 13, 2011	<input type="checkbox"/> US \$1100 paid before May 15, 2011	<input type="checkbox"/> US \$1300 paid before July 24, 2011
<input type="checkbox"/> US \$675 paid Dec 2 – 31, 2010	<input type="checkbox"/> US \$1,150 paid Feb 10- March 9, 2011	<input type="checkbox"/> US \$675 paid Feb 14 – Mar 13, 2011	<input type="checkbox"/> US \$1150 paid May 16 – June 15, 2011	<input type="checkbox"/> US \$1350 paid July 25- Aug 24, 2011
<b>Fees</b> <input type="checkbox"/> Application fee US\$100 (for new student only)		<input type="checkbox"/> Deduct US \$350 from the 5th Session if you do not wish to get certified: \$250 for certification exams and \$100 for case review and certification issuance		
<input type="checkbox"/> 30% discount (if re-taking the course)			<b>Grand Total:</b>	\$

### STEP 4: Select Method of Payment and Answer the Question

**Recommended Method:** Please charge \$\_\_\_\_\_ on this credit card now (Tuition for each session 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 #: \_\_\_\_\_ EXP. \_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ ALL checks must be drawn on USA Banks - US Dollars Only, and must be in our office at least 30 days before each session. Payable to: Chi Institute of Chinese Medicine.  
 (Include your name & program of study on the memo line if paying by company check).

<b>How did you hear about this program?</b>	<input type="checkbox"/> Friends _____	<input type="checkbox"/> Show _____	<input type="checkbox"/> Magazine _____
	<input type="checkbox"/> Internet _____	<input type="checkbox"/> Flyer _____	<input type="checkbox"/> Email _____

**STEP 5: If this is the first time you are registering 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.**

# **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 \_\_\_\_\_.**

**I have    have not    previously studied acupuncture.**

**Where:**

**I have    have not    previously studied Chinese herbs.**

**Where:**

**Previous Background, if applicable:**

**I work on Small Animals Y N Equine Y N Exotics Y N Other:**

**My current practice specializes in:**

**My goals in studying TCVM are:**

**Some personal information about me and my interests:**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Use reverse side if more room is needed)*