

TCVM Diagnostics, Classical Points and Advanced Acupuncture Techniques Program Registration Instruction

Prerequisites:

1. Licensed Veterinarian.
2. Completion of a veterinary acupuncture course provided by Chi Institute, IVAS, CSU or Tuft.
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. Tuition is due 60 days prior to the course.

Step-by-Step Instructions on the Registration Form:

- Step 1. Check which Veterinary Acupuncture and TCVM Clinical Approach/Herbal course(s) you have previously attended.
- Step 2. Fill out 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 received on the day of registration. The discounted price ends 30 days before the class starts. The tuition will increase of \$50 if registering within 1- 29 days before the beginning of corresponding course. A \$100 onsite registration fee will be charged if the student registers 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 passport 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.

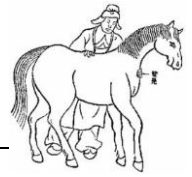
Refund Policy:

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 60 days prior to class date = 100% refund for payment by check and 96% refund for credit card.
- 31 to 59 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 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).



TCVM Diagnosis, Classical Points and Advanced Acupuncture Techniques

Class 2012 Registration Form

STEP 1: Please check courses you previously attended.

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: <input type="checkbox"/> Chi <input type="checkbox"/> IVAS <input type="checkbox"/> CSU <input type="checkbox"/> Tufts <input type="checkbox"/> Other: _____
Veterinary Herbal Medicine: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> Liver/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immune/Oncology	
Advanced Programs: <input type="checkbox"/> Tui-na <input type="checkbox"/> TCVM Food Therapy <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"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Exotic <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	For Chi Institute only (Required):		Public:

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

Application Fee	Small Animal Session (Jan 19-22, 2012)	Equine Session (Jan 26-29, 2012)
<input type="checkbox"/> US \$100 (One-time application fee required for new student only)	<input type="checkbox"/> US \$1050 registered before Dec 20, 2011	<input type="checkbox"/> US \$1050 registered before Dec 27, 2011
	<input type="checkbox"/> US \$1100 reg during Dec 20, 2011-Jan 18, 2012	<input type="checkbox"/> US \$1100 reg during Dec 27, 2011-Jan 25, 2012
	<input type="checkbox"/> US \$1150 reg during Jan 19-22, 2012	<input type="checkbox"/> US \$1150 reg during Jan 26-29, 2012
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 - US Dollars Only Payable to: Chi Institute of Chinese Medicine. (Include your name on the memo line if paying by company check).	
<input type="checkbox"/> Charge my credit card below for \$ _____ now <input type="checkbox"/> Charge the balance of my tuition on the credit card below 60 days prior to the course. CREDIT CARD#: _____ EXP: ___/___ SECURITY CODE: _____ BILLING ADDRESS & ZIP CODE: _____ SIGNATURE: _____ DATE: _____	
How did you hear about 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 you are a new student of Chi Institute, please attach a brief biographical sketch and a recent photograph.
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)