



2019 MS-TCVM COURSE REGISTRATION FORM

STEP 1: Contact Information/Preferred Mailing Address. Print or type all information clearly.

NAME	First Name:	Middle Name:	Last Name:
TITLE		NICKNAME	LICENSE #
BUSINESS		Specialty	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed <input type="checkbox"/> Other: _____
ADDRESS (H)	Street Address:		
	City:	State:	Zip Code: Country:
ADDRESS (W)	Street Address:		
	City:	State:	Zip Code: Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	For Chi Institute, only (Required):		Public:
SPECIAL DIET:	<input type="checkbox"/> I have special dietary needs and restrictions and will bring my own lunch (Gluten free, allergies, vegan, etc.)		

STEP 2: Course Registration.

SEMESTER	<input type="checkbox"/> SPRING (January 7 - April 26, 2019)	<input type="checkbox"/> SUMMER (May 6 - August 23, 2019)	<input type="checkbox"/> FALL (Sept 3 - Dec 20, 2019)
<input type="checkbox"/> \$70 application fee <input type="checkbox"/> \$50 program registration fee			
<input type="checkbox"/> MS0110 Veterinary Acupuncture Level 1: \$2,505 <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed Track			
<input type="checkbox"/> MS0120 Veterinary Acupuncture Level 2: \$925 <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed Track			
<input type="checkbox"/> MS0130 Veterinary Acupuncture Level 3: \$2,960 <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed Track <input type="checkbox"/> CVA Certification Fee (Optional): \$150			
<input type="checkbox"/> MS0200 Research Methods: \$750			
<input type="checkbox"/> MS0205 Chinese Herbal Fundamental Knowledge: \$375			
<input type="checkbox"/> MS0210 TCVM for Respiratory and Cardiovascular Disease: \$795			
<input type="checkbox"/> MS0220 TCVM for Gastrointestinal Diseases: \$795			
<input type="checkbox"/> MS0230 TCVM for Hepatic and Endocrine Diseases: \$795			
<input type="checkbox"/> MS0240 TCVM for Geriatric, Urinary, and Reproductive Diseases: \$795			
<input type="checkbox"/> MS0250 TCVM for Dermatological and Immune-mediated Diseases: \$795 <input type="checkbox"/> CVCH Certification Fee (Optional): \$150			
<input type="checkbox"/> MS0310 Veterinary Food Therapy: \$1,300 <input type="checkbox"/> Hybrid (Spring Only) <input type="checkbox"/> Online			

<input type="checkbox"/> CVFT Certification Fee (Optional): \$150
<input type="checkbox"/> MS0330 Veterinary Tui-na: \$1,400
<input type="checkbox"/> MS0501 Master's Thesis I: \$1,125
<input type="checkbox"/> MS0502 Master's Thesis II: \$1,125
ELECTIVE COURSES
<input type="checkbox"/> MS0350 Veterinary Tui-na Refinement: \$1,100 <input type="checkbox"/> CVTP Certification Fee(Optional): \$150
<input type="checkbox"/> MS0361 TCVM Diagnostics, Classical Points and Advanced Techniques: Canine: \$1,300
<input type="checkbox"/> MS0362 TCVM Diagnostics, Classical Points and Advanced Techniques: Equine: \$1,300
<input type="checkbox"/> MS0010 Evidence-based Veterinary Acupuncture: \$900
<input type="checkbox"/> MS0020 Integrative Approach to Neurological Disorders: \$750
<input type="checkbox"/> MS0412 Business Management for an Integrative Veterinary Clinic: \$400
<input type="checkbox"/> MS0401 TCVM Ophthalmology: \$550

STEP 3: Billing Information

Total Tuition Due: \$ _____		Amount to pay upon registration: \$ _____	
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer			
<input type="checkbox"/> Please charge my Credit card now. <input type="checkbox"/> Please charge my credit card 30 days before the class starts.			
CREDIT CARD#: _____		EXP. : _____/_____	SECURITY CODE: _____
Billing Address: _____		City: _____	State/Province: _____
Zip Code: _____		Country: _____	
Signature: _____		Date: _____	
<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).			
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"/> Email	<input type="checkbox"/> Mailer
		<input type="checkbox"/> Other _____	