



Mixed Practice Acupuncture Program Spring Class Registration Instructions

Prerequisites:

1. Licensed Veterinarian or third or fourth year veterinary student.
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.

Class Transfer Policy:

A student may request to transfer his/her registration to a future class by calling our registration department directly at +1 (800) 860-1543 or emailing register@tcvm.com. Financial responsibility remains with the student for all class fees unless a proper transfer request is received and confirmed by Chi prior to the start of the class. Class transfers are subject to the following fees(measured from the first day of the class)

- * More than 30 calendar days No charge
- * 30 or fewer calendar days 10% of the total class fee

The student is responsible for paying any difference in tuition or fee increase between the registered class and the transferred class. A class registration can be transferred only ONCE. After the transfer, the registration is no longer cancellable or transferable and any payment associated with it is no longer refundable.

Class Cancellation 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. The following class cancellation fee schedule (measured from the first day of the class) applies:

- * More than 60 calendar days No charge/Full Refund
- * 30 - 60 calendar days 25% of the total class fee
- * 15 - 29 calendar days 50% of the total class fee
- * 8 - 14 calendar days 75% of the total class fee
- * 7 or fewer calendar days 100% of the total class fee

Fees and Refunds

All cancellation and transfer fees will be charged to credit cards provided by the student at the time of registering for the class. For a cancellation with payment(s), the refund of the paid amount less the cancellation fee will be issued. All refunds for credit card payments are subject to 4% of the total refund amount as a processing charge. A \$25 fee is required for all wire transfers.



Mixed Practice Acupuncture Program Spring Class 2020 Registration Form

STEP 1: Check courses previously attended, if any.

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:	
SPECIAL DIET:	<input type="checkbox"/> I have special dietary needs and restrictions and will bring my own lunch (Gluten free, allergies, vegan, ect.)		

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

online class handout in PDF file included in the tuition for each session

Session 1 (online) Jan 1-Feb 5, 2020	Session 2 (onsite) Feb 6-9, 2020	Session 3 (online) Feb 10-April 5, 2020	Session 4 (onsite) April 2-5, 2020	Session 5 (onsite) June 4-7, 2020
<input type="checkbox"/> US \$1,000 paid 60 days prior to start of class	<input type="checkbox"/> US \$1,680 paid 60 days prior to start of class	<input type="checkbox"/> US \$1,000 paid 60 days prior to start of class	<input type="checkbox"/> US \$1,680 paid 60 days prior to start of class	<input type="checkbox"/> US \$1,770 paid 60 days prior to start of class
<input type="checkbox"/> US \$1,050 paid within 60 days to start of class	<input type="checkbox"/> US \$1,730 paid within 60 days to start of class	<input type="checkbox"/> US \$1,050 paid within 60 days to start of class	<input type="checkbox"/> US \$1,730 paid within 60 days to start of class	<input type="checkbox"/> US \$1,820 paid within 60 days to start of class
Fees	<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	
Class Handout Binder (\$50 per session) \$250 total: <input type="checkbox"/> for pickup on-site <input type="checkbox"/> sent via mail				
<input type="checkbox"/> 30% discount (if re-taking the course)				Grand Total: \$

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 ADDRESS: _____ ZIP CODE: _____ SECURITY CODE: _____

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).

How did you hear about 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 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 am a Graduate Student

Name of College of Veterinary Medicine: _____

State (if applicable): _____ **Country:** _____

I have D have not D previously studied acupuncture.

Where:

I have D have not D previously studied Chinese herbs.

Where:

Dietary Preference: Regular Vegetarian

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)