



## **Evidence Based Veterinary Acupuncture On-line Class Registration Instruction**

### **Prerequisites:**

1. Licensed Veterinarian or third or fourth year veterinary student.
2. 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 this fee.

### **Step-by-Step Instructions on the Registration Form:**

Step 1. Check which TCVM course(s) you have previously attended or are currently taking.

Step 2. Fill out your contact information and registration information.

Step 3. 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.

- Over 30 days prior to the corresponding class beginning date = 100% refund for check payment and 96% refund for credit card payments.
- 15 to 29 days prior to the corresponding class beginning date = 75% refund and 71% refund for credit card payments.
- Within 15 days of the corresponding class beginning date = No refund  
*Please note a \$25 fee is required for all wire transfers.*



## Evidence Based Veterinary Acupuncture On-line Class Registration Form

### STEP 1: Check courses previously attended/currently attending

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: _____ When: _____
<input type="checkbox"/> Veterinary Herbal <input type="checkbox"/> Advanced Acupoints <input type="checkbox"/> Food Therapy <input type="checkbox"/> Tuina	Where: _____ When: _____

### 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: Check the box pertaining to you:

Course	On-line Class Tuition
<b>Evidence Based Veterinary Acupuncture</b>	<input type="checkbox"/> \$900 for 3 months online study with digital course handout (pdf file to download)
	<input type="checkbox"/> \$950 for 3 months online study with course handout binder in mail
<input type="checkbox"/> Application Fee: \$100 (new student only)	<b>Grand Total for the Payment:</b> \$ _____

### 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, tuition is due upon registration CREDIT CARD#: _____ EXP: ____/____ Security Code: _____ BILLING ADDRESS & ZIP CODE: _____ SIGNATURE: _____ DATE: _____	
<b>How did you hear about this course?</b>	<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 (to be filled out by new students or those who wish to update their information)**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**I graduated from** \_\_\_\_\_ **Veterinary School in** \_\_\_\_\_ **(year)**

**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)**