



Veterinary Acupuncture Program in South Africa Registration Instruction and Policy

Registration Instruction

- Step 1. On the attached form, please check the courses you have previously attended.
- Step 2. Please fill out your personal information. All information is required.
- Step 3. Please select the registration time-bracket(s).
The whole tuition payment is due by April 25th, 2016.
- Step 4. Please select the method of your payment.
- Step 5. Please email, fax, or mail in the registration form(s), if possible, to the Chi Institute at (866)700-8772.

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

For more information please visit our website www.tcvm.com or call us at 1-352-591-5385.



Veterinary Acupuncture Program, South Africa Registration Form

STEP 1: Please check courses you have previously attended.

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: _____ When: _____
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"/> Certified Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

STEP 2: Personal Information (ALL INFORMATION IS REQUIRED)

First Name	Last Name	Nickname	
Title	License #		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Practice	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Other:
Address (work)	Business Name:		
	Street Address:		
	City:	State:	Zip Code: Country:
Address (home)	Street Address:		
	City: State: Zip Code: Country:		
Telephone	Work:	Home:	Fax:
Email	Public: For Chi Institute Only (required):		
Food Preferences	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Regular <input type="checkbox"/> Special diet (specify):		

STEP 3: Please select the Registration Time-Bracket(s).

Veterinary Acupuncture Program July 25-30, 2016	
Small Animal Track	Equine Track
<input type="checkbox"/> Small Animal Track: Tuition: 20,000 ZAR (Tuition for residents in South Africa and other African countries)	<input type="checkbox"/> Equine Track: Tuition: 20,000 ZAR (Tuition for residents in South Africa and other African countries)
<input type="checkbox"/> Tuition: \$2,345 USD (Tuition for non-African residents)	<input type="checkbox"/> Tuition: \$2,345 USD (Tuition for non-African residents)
Tuition includes class notes, lectures/lab instructions, 6-month online professional support for acupuncture clinical practice, and reception dinner.	

STEP 4: Please select the method of payment and answer the question

CHECK NO: _____ (ALL checks must be drawn on USA Banks - US Dollars Only)	
Payable to: Chi Institute of Chinese Medicine. (Please include your name on the memo line if paying by company check).	
Credit Card #: _____ EXP. ____/____ Name on Card: _____	
Billing Zip Code: _____ Security code: _____ (Required) Please charge \$ _____ on this credit card now.	
<input type="checkbox"/> Charge the whole balance on the above card on April 25th, 2016 <i>By signing this form, I agree to the terms and policy of this Program.</i>	
SIGNATURE: _____ DATE: _____	
How did you know of this program?	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Show _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Mailer _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____

STEP 5: Please print and SIGN this form. Mail and/or fax (if possible) the signed form with your payment to us by using the contact information at the top of the page. Please use a dark pen when faxing. Incomplete registration forms cannot be processed.