

## Advanced TCVM Workshop Class Registration Instructions

### Prerequisites:

1. Licensed Veterinarian.
2. Completion of the Chi Institute's Food Therapy course or at least one Veterinary Herbal Medicine module.

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

- Step 1. Check which TCVM course(s) you have previously attended.
- Step 2. Fill out your contact information and select the session(s) you wish to take.
- 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 60 days before the class starts. The tuition will increase \$50 if registering within 1-59 days before the beginning of corresponding course. A \$100 onsite registration fee will be charged if the student registers on site.
- Step 4. 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 +1-800-891-1986 x. 5 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)

<u>Date of Transfer Request</u>	<u>Applicable Transfer Fee</u>
* 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.

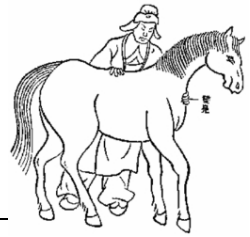
### Class Cancellation Policy:

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:

<u>Date of Cancellation Request</u>	<u>Applicable Cancellation Fee</u>
* 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.



## Advanced TCVM Workshop 2014 Class 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: _____
TCVM Herbology: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> LIV/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immu	West Coast Herbology: Module <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
Advanced Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> Annual Conference <input type="checkbox"/> TCVM Diagnosis & Classical Points <input type="checkbox"/> TCVM Food Therapy	

**STEP 2: Contact Information/Preferred Mailing Address. Please 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"/> Mixed <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:		

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

Application Fee	Advanced Herbal Medicine (On-site: Oct 30-31, 2014)	Advanced Food Therapy (On-site: Nov 1-2, 2014)
<input type="checkbox"/> US \$100 (Application Fee, new student only)	<input type="checkbox"/> US \$600 registered before Aug 30, 2014	<input type="checkbox"/> US \$600 registered before Sep 1, 2014
<input type="checkbox"/> US - \$100 (Registering for both sessions)	<input type="checkbox"/> US \$650 reg. during Aug 30 - Oct 29, 2014	<input type="checkbox"/> US \$650 reg. during Sep 1 - Oct 31, 2014
	<input type="checkbox"/> US \$700 registered on Oct 30, 2014	<input type="checkbox"/> US \$700 registered on Nov 1, 2014
<b>Grand Total :</b>		<b>\$</b>

**STEP 4: Please select the method of your 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 pay by company check).	
Please charge \$ _____ on this credit card now (tuition is due on 60 days before the class).	
BILLING ADDRESS: _____ ZIP CODE: _____ SECURITY CODE: _____ <i>REQUIRED</i>	
CARD NO: _____ EXP. ____/____ SIGNATURE: _____ DATE: _____	
<b>How did you know this program?</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 first time student of the Chi Institute, 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 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**  
\_\_\_\_\_ **(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)***