



Integrative Approach to Veterinary Oncology Registration Instructions / 2020 Class

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 for the Registration Form:

- Step 1. Fill out contact information.
- Step 2. Select the discounts and fees that apply to you. Full payment for tuition must be received 60 days before the start of the course. The discounted price ends 60 days before online course starts. Tuition increases by \$50 if registering within 1-59 days of the course start date.
- Step 3. Select the Method of Payment.
- Step 4. If you are a new student of the Chi Institute, please attach or email a recent photograph of yourself, faxed pictures not acceptable.
- Step 5. Please print and SIGN this form. Mail, fax, or email (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 their registration to a future class by calling our registration department directly at +1 (800) 860-1543 or emailing register@chivm.edu. 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 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 international wire transfers.



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Step 1: Contact Information. Print or type all information clearly:

NAME	First Name:	Middle Name:	Last Name:
TITLE	Display Name	LICENSE #	
HOME ADDRESS & CONTACT INFO	Street:		
	City:	State:	Zip: Country:
	Home:	Cell:	Personal Email
BUSINESS NAME		PRACTICE	SA EQ MX Other:
WORK ADDRESS & CONTACT INFO	Street:		
	City:	State:	Zip: Country:
	Work:	Fax:	Email:
<input type="checkbox"/> Select to have business information displayed on Chi Institute's "Find a TCVM Practitioner" directory.			
DIET	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> I have special dietary needs/restrictions and will bring my own lunch (Vegan, Gluten Free, Allergies, etc.)		

Step 2: Select Registration:

Schedule	Tuition	Additional Fees
Online Course: February 1 - June 1, 2020	<input type="checkbox"/> \$895	<input type="checkbox"/> Application Fee \$100 (new students only) Due upon registration
Class Lecture Binder	<input type="checkbox"/> \$50 The binder will be mailed.	
<input type="checkbox"/> Course Audit Student Admin will apply the appropriate discount	Grand Total	\$

Step 3: Payment Method

Recommended Method: Please charge \$_____ on this credit card **now**
Tuition for each session will be automatically charged to this card for your convenience 60 days before the start of the course unless you notify us otherwise

CREDIT CARD #: _____ SECURITY CODE: _____ EXP. _____/_____
 BILLING ZIP CODE: _____

CHECK NO: _____ ALL checks must be drawn on USA Banks - US Dollars Only and must be in our office at least 60 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).

Step 4: If this is the first time you are registering courses with us, please attach a recent photograph of yourself or email to register@chivm.edu.

Step 5: Please print and SIGN this form below. Mail, fax, or email (if possible) the signed form with your payment to us.

How did you hear about us?: Friends _____ Internet _____ Email _____ Show _____ Other _____

SIGNATURE: _____ DATE: _____