Portland Institute of Classics in East Asian Medicine 派行首先主题学会强调完新	Mail your reg ICEAM 2335 NW R Portland, Ol Or email: aversluys@	aleigh Street, Ste 123 R 97210		
Full Name				
Street Address				
City State	Zip/Postal Code			
Phone Email Address ((required):			
Practitioner	Student			
Practitioner License #				
Licensing State	Student ID #			
I would like to register for the following course(s) (please check all that apply):				
JGYL 2 (April 25-26, 2014):Diseases of tJGYL 3 (June 14-15, 2014)Diseases of tJGYL 4 (September 13-14, 2014):Jingui PulseJGYL 5 (November 8-9, 2014):Jingui AbdomJGYL 6 (January 10-11, 2015):Jingui Case 5Full Program Pricing:Payment in Full:	nd Tracy Thorne, MS, LA the Jingui, Part One the Jingui, Part Two the Jingui, Part Three Diagnosis* ninal Diagnosis Studies <i>Practitioners</i> \$2,100	Students \$1,875		
Full Program Early Bird Registration**	\$1,800	\$1,600		
Alumni Placeholder Deposit***	\$ 1,400 \$ 300	\$ 1,200 \$200		
Seminar Package Pricing:	Practitioners \$1,050 ew Registrants Students \$400 \$300 \$400 \$300 \$350 \$300	Students \$950 ICEAM Alumni \$250 \$250 \$250		
* Please note that JGYL 1 through 3 are prerequisites for the Jingui Diagnosis seminar cannot be taken independently, except for alumi December 1 st , 2013. *** To reserve a seat for the whole series. Full January 1 st , 2014, at which time the deposit will be applied to the ou December 1 st , 2014 then full deposit refund will be issued. If reserva January 1 st , 2014, then \$150 refund. If cancelled after January 1 st , 2014, to miss one seminar, for which an audio recording will be provided. You will be allowed to retake any other missed seminar at a later data.	ni, please contact directly. ** Whe registration at regular rate is requ utstanding balance. If reservation ation is cancelled between Decen 2014, there will be no deposit refu No recordings will be provided fo	n registering before uired no later than is cancelled before nber 2 nd , 2013, and nd. You are allowed		

Portland Institute of Cla in East Asian Medicine 派任意学之强调	
LOCATION Lewis and Clark College Room TBA (likely Albany 207)	CEU CREDIT 96 NCCAOM CEU's Approved
PAYMENT Check/Money Order is enclosed for full pay Mail payment: ICEAM C/o Arnaud Versluys 2335 NW Raleigh Stree Portland, OR 97210	ment (please make checks payable to 'ICEAM') Or Email: aversluys@iceam.org et, #123
Please charge my credit card (VISA, Maste	rcard and Discover only)
Credit Card Number	
Expiration Date	VIN Code (on back of card)
Name on Card	
Billing Address (if different from above)	
Street	
City	State Zip/Postal Code

CANCELLATION & REFUNDS

For all seminars the following applies:		
Cancellation before January 1 st , 2014:	100% refund	
Cancellation before February 1 st , 2014:	50% refund	
Cancellation after February 2 nd , 2014:	No refund	
In the unlikely event ICEAM has to cancel the seminar, full refund will be made.		

PLEASE SIGN

By entering your credit card information and signing below, you authorize ICEAM to charge your card for the total amount aforementioned.

With your signature, you authorize the abovementioned parties to charge your credit card even if you are not able to attend a seminar for whatever reason.

Signed	Date
Print	