



Full Name _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____

Email Address (required): _____

Practitioner

Student

Practitioner License # _____

School _____

Licensing State _____

Student ID # _____

I would like to register for the following course:

Portland, OR

Canonical Chinese Medicine Training™, Jingui Yaolue Sequence, Weekends 1-5
Location: Portland, OR (Lewis and Clark College)

September 12-13, 2009

Jingui Yaolue Weekend 1: Basic Diseases and Formulas

October 10-11, 2009

Jingui Yaolue Weekend 2: Basic Diseases and Formulas

November 14-15, 2009

Jingui Yaolue Pulse Diagnosis

January 9-10, 2010

Jingui Yaolue Abdominal Diagnosis Fukushin

February 6-7, 2010

Jingui Yaolue Case Studies

70 NCCAOM CEU's pending

Price paid in full: \$1,150 practitioners, \$ 950 students

Price paid monthly (auto-pay): \$240 practitioners, \$ 200 students

Early bird: \$1,050.00 (register before June 15, 2009)

Early bird: \$1,100.00 (register before July 15, 2009)

Seattle, WA

Canonical Chinese Medicine Training™, Shanghan Lun Sequence, Weekends 1-8
Location: Seattle, WA. Venue details to be announced.

September 26-27, 2009

Zhang Zhongjing Herb Archetypes: The Inner Circle

October 31- Nov 1, 2009

Zhang Zhongjing Herb Archetypes: The Outer Circle

December 19-20, 2009

Shanghan Lun Weekend: Pathophysiology & Patterns

January 16-17, 2010

Shanghan Lun Pulse Diagnosis

February 27-28, 2010

Shanghan Lun Fukushin Abdominal Diagnosis

March 13-14, 2010

Shanghan Lun Formula Families

April 24-25, 2010

Shanghan Lun Formulas Modification System +

Shanghan Lun Acupuncture

May 29-30, 2010

Shanghan Lun Case Studies

112 NCCAOM CEU's approved

Price paid in full: \$1,800 practitioners, \$ 1600 students

Price paid monthly (autopay): \$240 practitioners, \$ 200

Early bird: \$1,700.00 (register before June 15, 2009)

Early bird: \$1,750.00 (register before July 15, 2009)



PAYMENT

Check/Money Order is enclosed for full payment

Mail payment: ICEAM

c/o Arnaud Versluys, PhD, LAc
2335 NW Raleigh Street, Suite 123
Portland, OR, 97210

Please charge my credit card (VISA and Mastercard 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 _____

Full Payment

Amount: Early-bird Price _____

Full Price _____

Student Price _____

Monthly Payments

Amount: Full Price _____

Student Price _____

CANCELLATION & REFUNDS

The cancellation policy is as follows:

Portland	Before Aug 15, 2009	100% refund
	After Aug 15, 2009	50% refund
	After Aug 29, 2009	No refund

Seattle	Before Aug 29, 2009	100% refund
	After Aug 29, 2009	50% refund
	After Sept 12, 2009	No refund

PLEASE SIGN

By entering your credit card information and signing below, you authorize Institute of Classics in East Asian Medicine, LLC to charge your card for the total amount aforementioned, either in lump sum, or on a monthly basis each month as stipulated. The payments will be always be processed five (5) business days prior to the given seminar.

With your signature, you authorize the above mentioned parties to charge your credit card even if you are not able to attend the seminar for whatever reason. A good faith effort to get you audio recordings of the missed seminars will be provided if you miss it for reasons beyond your control.

Signed _____ Date _____

Print _____