

CLASSICAL NEI JING ACUPUNCTURE SEMINAR

FALL 2009

內經針灸學

Full Name _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Country _____

Phone _____

Email Address (required): _____

Practitioner

Practitioner License # _____

Licensing State _____

Student

School _____

Student ID # _____

I would like to register for the following course:

**CLASSICAL NEI JING ACUPUNCTURE
SEMINAR**

PORTLAND, OREGON FALL 2009

Location: Lewis and Clark College
0615 S.W. Palatine Hill Road, Portland, Oregon

Dates:

October 17-18

January 23-24

November 21-22

February 20-21

December 5-6

March 13-14

Topics: Classical Nei Jing Acupuncture Theory and Practice
(see course outline for detailed syllabus)

Continuing Education: NCCAOM CEU's Pending

Tuition: \$1350 for 6 weekend courses

\$1150 student price

\$100 off for early birds (prior to August 15th)

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PAYMENT

- Check/Money Order is enclosed for full payment

Mail payment to: Dr. Edward Neal
4201 NE Couch Street
Portland, Oregon
97213

- 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 _____

CANCELLATION & REFUNDS

Cancellation policy is as follows:

Before August 25, 2009 100% refund
After September 15th, 2009 50% refund
After October 1st, 2009 No refund

PLEASE SIGN

By entering your credit card information and signing below, you authorize Edward Neal, MD, to charge your card for the total amount aforementioned. The payment will be processed after August 8, 2009.

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 _____