



Portland Institute of Classics  
in East Asian Medicine

波特蘭東亞醫學古籍研究所

Please mail, email or  
fax completed form!

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Practitioner

Practitioner License # \_\_\_\_\_

Licensing State \_\_\_\_\_

Student

School \_\_\_\_\_

Student ID # \_\_\_\_\_

I would like to register for the following course(s) (please check all that apply):

**2012-2014 Portland Shanghan Lun Seminar Series  
with Dr. Arnaud Versluys PhD LAc**

**2012 Seminar Schedule:**

SHL 2 (Sep 1-2, 2012): Herb and Formula Archetypes, Inner Circle  
SHL 3 (Nov 10-11, 2012): Herb and Formula Archetypes, Outer Circle- Part One

**2013 Seminar Schedule:**

SHL 4 (Jan 5-6, 2013): Herb and Formula Archetypes, Outer Circle- Part Two  
SHL 5 (March 30-31, 2013): SHL Pathophysiology and Basic Patterns  
SHL 6 (July 13-14, 2013): SHL Pulse Diagnosis  
SHL 7 (Oct 12-13, 2013): SHL Formula Families  
SHL 8 (Nov 16-17, 2013): SHL Formula Modifications + SHL Acupuncture  
SHL 9 (Dec 14-15, 2013): SHL Abdominal Diagnosis- Fukushin

**2014 Seminar Schedule:**

SHL 10 (Jan 4-5, 2014) SHL Clinical Strategies and Case Studies

**Full Program Pricing:**

<input type="checkbox"/> Payment in Full	<i>Practitioners</i>	<i>Students</i>
	\$ 2,700	\$ 2,300
<input type="checkbox"/> Full Program Early Bird Registration (before July 15, 2013)	\$ 2,400	\$ 2,000

**Individual Seminar Pricing\***: (fill in which seminars) *New Registrants* *Students* *ICEAM Alumni*

<input type="checkbox"/> _____	\$350	\$300	\$200
<input type="checkbox"/> _____	\$350	\$300	\$200
<input type="checkbox"/> _____	\$350	\$300	\$200

\* Please note that SHL Pulse Diagnosis is not available as an individual seminar, except to ICEAM alumni

Cancellation Policy: Before August 1: full refund; before August 15: 50% refund; after September 1<sup>st</sup>: no refund.



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**LOCATION**

Lewis and Clark College  
Room TBA

**CEU CREDIT**

144 NCCAOM CEU's Approved

**PAYMENT**

Check/Money Order is enclosed for full payment (please make checks payable to 'ICEAM')

Mail payment: ICEAM

C/o Arnaud Versluys

2335 NW Raleigh Street, #123

Portland, OR 97210

Fax: (503) 417-1774

Email: [aversluys@iceam.org](mailto:aversluys@iceam.org)

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**

*For all seminars the following applies:*

Cancellation before August 1<sup>st</sup>, 2012: 100% refund

Cancellation between August 1<sup>st</sup> and August 15<sup>th</sup>, 2012: 50% refund

Cancellation after September 1<sup>st</sup>, 2012: 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 the seminar for whatever reason and acknowledge that you have read and understood the cancellation policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_