





Chicago Institute of Classics  
in East Asian Medicine

Please fax completed registration to  
**(773) 348-7026**

**LOCATION & TIME**

Pacific College of Oriental Medicine  
Chicago, IL

**PDA & CEU CREDIT**

Each seminar has been  
Approved for 14 NCCAOM PDAs  
IL CEUs pending

**PAYMENT**

- Check/Money Order is enclosed payable to CICEAM  
Mail payment: Stephen Bonzak  
2800 N. Sheridan, Suite #600  
Chicago, IL 60657

- 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 \_\_\_\_\_

**Cancellations & Refunds**

*The following applies to all seminars:*

Cancellation before January 15, 2011:	\$50 service fee
Cancellation after January 15, 2011:	50% refund of payment
Cancellation after February 4, 2011:	No refund

**Please Sign**

By entering your credit card information and signing below, you authorize Chicago Institute of Classics in East Asian Medicine to charge your card for the total amount aforementioned. The payment will be processed after January 1, 2011.

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. 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 \_\_\_\_\_