

Chicago Institute of Classics Please fax completed registration to in East Asian Medicine (773) 348-7026

Full Name		
Street Address		
City	State	Zip/Postal Code
Phone	Email Address (required):	
Practitioner Practitioner License # Licensing State		Student Student School Student ID #

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

Chicago Shanghan Lun Seminar Series with Dr. Arnaud Versluys, PhD, LAc					
2011 Seminar Program Schedule:SHL 1 (Feb 19, 20):The Energetics of the Five Flavors and Zhang Zhongjing FormulasSHL 2 (Mar 19, 20):The Zhang Zhongjing Herb and Formula Archetypes: The Inner CircleSHL 3 (Apr 2, 3):The Zhang Zhongjing Herb and Formula Archetypes: The Outer CircleSHL 4 (May 7, 8):Shanghan Lun Pathophysiology and Basic PatternsSHL 5 (Jun 25, 26):Shanghan Lun Pulse Diagnosis*SHL 6 (July 9, 10):Shanghan Lun Abdominal DiagnosisSHL 7 (Aug 20, 21):Shanghan Lun Formula Modification System + Shanghan Lun AcupunctureSHL 9 (Oct 15, 16):Shanghan Lun Case Studies					
Full Program Registration:		<i>Practitioners</i> \$2700	<i>Students</i> \$2250		
 Monthly Installments (Autopay): Full Program Early Bird Rate**: 		\$320/month \$2200	\$270/month \$1800		
Seminar Package Registration: Please note: package pricing is only available for payment in full Package #1 SHL 2 and SHL 3: Package #2 SHL 4 and SHL 5: Package #3 SHL 1 through SHL 5:		<i>Practitioners</i> \$600 \$600 \$1500	<i>Students</i> \$500 \$500 \$1250		
Individual Seminar Registration:		New Registrants ICEAM Alumni [∞] \$325 \$200			
 SHL 1: Five Flavors SHL 2: Inner Circle SHL 3: Outer Circle SHL 4: Pathophysiology 	 SHL 6: Abdominal Diagnosis SHL 7: Formula Families SHL 8: Formula Modification SHL 9: Case Studies 	S			

*Please note that SHL 4 is a prerequisite for SHL 5

**When registering before December 15, 2010. Available only to those registering for the entire program and paying in full $^{\alpha}$ Alumni are individuals that have already completed the entire Shanghan Lun program



Print

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LOCAT	FION & 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			
	llations & Refunds lowing applies to all seminars: Cancellation before January 15, 2011: Cancellation after January 15, 2011: Cancellation after February 4, 2011:		\$50 service fee 50% refund of payment 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			