

REGISTRATION FORM

DR. ARNAUD VERSLUYS 2011 JINGUI YAOLUE SERIES

Please fax completed registration form to (408) 462-6452

ail Address (required):	Phone ())
eet Address		
State	Zip/Postal	Code
Practitioner	Student	
Licensing State License #	School Name	
and/or	Student ID #	
NCCAOM License #		
□ Dipl. Ac. □ Dipl. C.H. □ Dipl. O.M. □ Dipl. ABT		
ould like to register for the following course(s) (please check on	10).	
and like to register for the following course(s) (please check of		
San Francisco Jingui Yaolue Se		
with Dr. Arnaud Versluys I	PND LAC	
2011 Seminar Program Schedule:		
JGYL 1 (Jan 22, 23): Diseases of the Jingui Yaolue,		
JGYL 2 (Feb 26, 27): Diseases of the Jingui Yaolue, JGYL 3 (Apr 9, 10): Jingui Yaolue Pulse Diagnosis		
JGYL 3 (Apr 9, 10) . Jingui Taolue Pulse Diagnosis JGYL 4 (May 14, 15): Jingui Yaolue Fukushin Abdon		
JGYL 5 (Jun 18, 19) : Jingui Yaolue Case Studies	Timar Diagnosis	
Full Program Registration:	Practitioners	Students
Payment in Full:	\$1500	\$1350
Monthly Installments (Autopay):	\$325/month	\$300/month
Full Program Early Bird Rate**:	\$1250	\$1100
Seminar Package Registration: Please note: package pricing is only available for payment in full	Duantitionare	Ctudouto
Package #1. JGYL 1 and JGYL 2:	Practitioners \$700	Students \$625
Package #2. JGYL 4 and JGYL 5:	\$700	\$625
Package #3. JGYL 1 through JGYL 3:	\$1000	\$900
Individual Seminar Registration:		
JGYL 1: Diseases, Part I	New Registrants	ICEAM Alumni ^α
JGYL 2: Diseases, Part II	\$375	\$200
JGYL 4: Fukushin		
JGYL 5: Case Studies		
* Please note that Diseases of the Jingui Yaolue, Part I & II (JGYL1 & JG Pulse Diagnosis (JGYL3) seminar. The Jingui Yaolue Pulse Diagnosis se		



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LOCATION & TIME

Machinist Union Hall 1511 Rollins Road Burlingame, CA 94010 9:00 a.m. – 6:00 p.m.

PDA & CEU CREDIT

Each seminar has 14 NCCAOM PDAs approved and 16 CA State Board CEUs pending

PAYMENT				
	enclosed for full paymer ICEAM	ent (<i>please mak</i>	re checks payable to 'ICEAM')	
• •	c/o Benjamin Lee			
	PO Box 11			
	Saratoga, CA 95071-	0011		
Please charge my credi	it card (VISA, Masterc	ard or Discover	only)	
Credit Card Number	er			
Expiration Date	VIN Code (on back of card)			
Name on Card				
Billing Address (if d	different from above)			
Street				
City		State	Zip/Postal Code	-
CANCELLATION & REFUN	_			
The following applies to all s				
	December 17, 2010:			
Cancellation after D	·	50% refund of	payment	
Cancellation after Ja	anuary 7, 2011:	No refund		
PLEASE SIGN				
			v, you authorize Institute of Class rementioned. The payment will b	
With your signature, not able to attend the semination			arties to charge your credit card	even if you are
Signed			Date	
Print			<u> </u>	