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Please fax completed registration form to (503) 841-5781

MONTHLY PAYMENT AUTHORIZATION FORM

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PRACTITIONER PRICE	STUDENT PRICE
\$240/ month, for eight (8) months	\$210 /month, for eight (8) months
Total: \$ 1,920.00	Total: \$ 1,680.00
PLEASE SIGN	
By entering your credit card information and signing below, you authorize the Institute of Classics in East Asian Medicine, LLC, to charge your card for the total amount aforementioned. The first payment will be processed at	
With your signature, you authorize the abovemen	ntioned parties to charge your credit card even if you are not
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