

Zhu's Scalp Acupuncture Certification Program

Class Registration 2008

Please print clearly

Name _____ License # _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (W) _____ (H) _____ (C) _____

E-mail _____ Website _____

Please check the modules you want to attend:

	Module	Dates	Location	Fee	Re-take	Deadline
<input type="checkbox"/>	M1: Basics	Jan 17, 2008	San Jose, CA	170	85	Dec 26, 2007
<input type="checkbox"/>	M6: Musculoskeletal Disorders	Jan 18-19, 2008	San Jose, CA	360	180	Dec 26, 2007
<input type="checkbox"/>	M8: Stroke	Jan 20, 2008	San Jose, CA	190	95	Dec 26, 2007
<input type="checkbox"/>	M1: Basics	July 17, 2008	San Jose, CA	170	85	June 17, 2008
<input type="checkbox"/>	M4 & 5: Neurology	July 18-20, 2008	San Jose, CA	580	290	June 17, 2008
<input type="checkbox"/>	Clinical Internship	Oct 13-21, 2008	Qingdao, China	1300	1300	Aug 13, 2008

* A late fee of \$50 is imposed for registration after the deadlines.

* Written withdrawal request received 2 weeks prior to a scheduled module can get a refund less \$50 processing fee.

* Written withdrawal request received 4 weeks prior to a scheduled internship can get a refund less \$100 processing fee.

* Classes are subject to cancellation if minimum enrollment is not met. We appreciate early registration. Please do not make any travel arrangement until a class is confirmed. We are not responsible for any loss due to class cancellation, other than your tuition fee.

Total payment amount: _____

Select payment method: Check # _____ payable to ZSAREF

Visa/MasterCard# _____ Exp. Date _____

V-code _____ Billing Address _____

Signature _____

Please mail the completed form to **ZSAREF, 1754 Technology Drive, Suite 225, San Jose CA 95110**
or **FAX to (408) 885-0488**.

For more information: (408) 885-1288 or www.scalpacupuncture.org

E-mail: info@scalpacupuncture.org