

Zhu's Scalp Acupuncture Certification Program Registration 2006

Please print clearly (This form is for current students only)

Name _____ License # _____

Address _____

City _____ State _____ Zip _____ Country _____

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

E-mail _____ Website _____

Please circle the modules you want to attend:

				(re-take)	Deadline
<input type="checkbox"/> Module 1: Basics	Phoenix, AZ	June 4	----	\$60	March 4
<input type="checkbox"/> Module 2 & 3: Internal Medicine	Phoenix, AZ	June 5-6	\$380	\$120	March 4
<input type="checkbox"/> Module 7: Mental Diseases	Phoenix, AZ	June 7	\$99	\$33	March 4
<input type="checkbox"/> Module 6: Musculoskeletal Diseases	Phoenix, AZ	June 8-9	\$380	\$120	March 4
<input type="checkbox"/> Module 4 & 5: Neurology	San Jose, CA	Oct 29-31	\$580	\$190	July 29
<input type="checkbox"/> Module 8: Stroke	San Jose, CA	Nov 1	\$290	\$90	July 29
<input type="checkbox"/> Module 9: Spinal Cord Injury	San Jose, CA	Nov 3	\$195	\$65	July 29
<input type="checkbox"/> Internship	Qindao, China	Mar 16-26,2007	\$1600	\$1600	Dec 17

* 90-days advance registration is required for all modules. If register after the deadlines, there is a late fee of \$20 for each module and \$100 for internship.

* All payments are non-refundable unless the class is cancelled by ZSAREF. If you cannot attend a registered class, you may apply your payment to a future class. However, ZSAREF is not obliged to hold the same class in the future.

* Classes are subject to cancellation if minimum enrollment is not met. Therefore 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.

Payment amount: _____

Payment method: Check # _____ payable to ZSAREF

Visa/MasterCard# _____ Exp. Date _____

V-code _____

Signature _____

Please mail the completed form to **ZSAREF, 2710 W. Bell Rd. Ste.1231, Phoenix, AZ 85053**
or **FAX to (602) 896-1578**

For more information: (408) 885-1288 or (602) 896-1551 or www.scalpacupuncture.org

E-mail: info@scalpacupuncture.org