



San Francisco Institute of Classics
in East Asian Medicine

三藩市東西醫學古籍研究所

Please fax completed registration form to
(408) 867-0809

Full Name _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Email Address (required): _____

Practitioner

Practitioner License # _____

Licensing State _____

Student

School _____

Student ID # _____

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

**San Francisco Shanghan Lun Seminar Series
with Dr. Arnaud Versluys PhD LAc**

2010 Seminar Program Schedule:

- SHL 1 (Feb 27, 28): The Energetics of the Five Flavors and Zhang Zhongjing Formulas
- SHL 2 (Mar 20, 21): The Zhang Zhongjing Herb and Formula Archetypes: The Inner Circle
- SHL 3 (Apr 17, 18): The Zhang Zhongjing Herb and Formula Archetypes: The Outer Circle
- SHL 4 (May 22, 23): Shanghan Lun Pathophysiology and Basic Patterns
- SHL 5 (Jul 10, 11): Shanghan Lun Pulse Diagnosis*
- SHL 6 (Sept 18, 19): Shanghan Lun Abdominal Diagnosis
- SHL 7 (Oct 23, 24): Shanghan Lun Formula Families
- SHL 8 (Nov 13, 14): Shanghan Lun Formula Modification System + Shanghan Lun Acupuncture
- SHL 9 (Dec 18, 19): Shanghan Lun Case Studies

Full Program Registration:

	<i>Practitioners</i>	<i>Students</i>
<input type="checkbox"/> Payment in Full:	\$2700	\$2250
<input type="checkbox"/> Monthly Installments (Autopay):	\$320/month	\$270/month
<input type="checkbox"/> Full Program Early Bird Rate**:	\$2000	\$2000

Seminar Package Registration:

Please note: package pricing is only available for payment in full

	<i>Practitioners</i>	<i>Students</i>
<input type="checkbox"/> Package #1. SHL 2 and SHL 3:	\$600	\$500
<input type="checkbox"/> Package #2. SHL 4 and SHL 5:	\$600	\$500
<input type="checkbox"/> Package #3. SHL 1 through SHL 5:	\$1500	\$1250

Individual Seminar Registration:

	<i>New Registrants</i>	<i>ICEAM Alumni^α</i>
<input type="checkbox"/> SHL 1: Five Flavors	\$325	\$200
<input type="checkbox"/> SHL 2: Inner Circle		
<input type="checkbox"/> SHL 3: Outer Circle		
<input type="checkbox"/> SHL 4: Pathophysiology		
<input type="checkbox"/> SHL 6: Abdominal Diagnosis		
<input type="checkbox"/> SHL 7: Formula Families		
<input type="checkbox"/> SHL 8: Formula Modification + Acupuncture		
<input type="checkbox"/> SHL 9: Case Studies		

* Please note that Shanghan Lun Pathophysiology and Basic Patterns (SHL 4) is a prerequisite for the Shanghan Lun Pulse Diagnosis (SHL 5) seminar. The Shanghan Lun Pulse Diagnosis seminar cannot be taken independently.

** When registering before January 15, 2010. Available only to those registering for the entire program and paying in full.

^α Alumni are individuals that have already completed the entire Shanghan Lun program.



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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 been approved
for 14 NCCAOM PDAs and 16 CA
State Board CEUs

PAYMENT

Check/Money Order is enclosed for full payment (please make checks payable to 'ICEAM')

Mail payment: Benjamin Lee
19738 Junipero Way
Saratoga, CA 95070

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 _____

CANCELLATION & REFUNDS

The following applies to all seminars:

- Cancellation before January 29, 2010: \$50 service fee
- Cancellation after January 29, 2010: 50% refund of payment
- Cancellation after February 12, 2010: No refund

PLEASE SIGN

By entering your credit card information and signing below, you authorize Institute of Classics in East Asian Medicine, LLC, to charge your card for the total amount aforementioned. The payment will be processed after January 15, 2010.

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 _____

Print _____