

# Excess (Shi) and Deficient (Xu) Pain Patterns in the Upper Extremity: Nerve Entrapment Syndromes

Taught By *Matt Callison, L.Ac.*

October 4 & 5, 2008 • 9am - 5pm • 14 CEUS (NCCAOM approved)

Fax or mail completed form to:

Fax (secure line): (619) 241-2325

Mail to: AcuSport Seminar Series LLC, PO Box 70005, San Diego, CA. 92167

## Course Registration Form

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Credit Card Billing Information

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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Name \_\_\_\_\_

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## I authorize AcuSport Seminar Series LLC to charge my credit card in the amount of:

- \$375 Early Enrollment for Licensed Acupuncturists. (Proof of L.Ac. and malpractice insurance required).
- \$400 After September 19, 2008.
- I am paying by enclosed check or money order.

## Cancellation and Refund Policy

Unless otherwise specified in the individual course descriptions, cancellations made up to two weeks before a course will result in a full refund, less a \$50.00. No refunds are granted for cancellations made with less than two weeks notice. Students registered for the full course will not be refunded for any missed sessions and will not receive certificates of completion for partial completion of a seminar. AcuSport Seminar Series LLC reserves the right to cancel courses with insufficient enrollment, in which case a full refund will be granted to those registered.

- I have read and agree to the cancellation and refund policy.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_