ACTCM Public Class Registration

☐ Understanding Chinese Medicine ☐ Dayan Qi Gong: Qi Gong for Health ☐ Ba Duan Jin: Shaolin Qi Gong

☐ Nutritional Approach to Herbs & Healing ☐ Intro to Tai Chi

Please select location: ☐ San Francisco ☐ Berkeley ☐ Santa Rosa ☐ Sacramento

Start Date _____

Name _____
Last *First* *MI*

Address _____
Street number

_____
City *State* *Zip Code*

Home Phone ( ) Email _____

Personal Information

Please select your highest level of education:

☐ High School ☐ Some College ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD Major _____

How did you hear about ACTCM?

☐ Friend ☐ Former Student ☐ Acupuncturist ☐ Internet ☐ Newspaper ☐ Website ☐ Other _____

If you heard about ACTCM through the internet or a newspaper please indicate which site or publication _____

Billing Information

Payment: Make check payable to ACTCM. Please do not send cash.

Amount enclosed: $ _____

☐ Check ☐ Visa ☐ MC ☐ Amex Expiration Date_____/_____/_____

Card # Last 3 digits on back of card _____

Name on Card Signature _____

Billing A ddress (if different from above) _____

Please submit this application to the Admissions Office along with the class registration fee or contact us: 415-401-0464 or admissions@actcm.edu

Mail to: ACTCM Attn: Admissions, 455 Arkansas Street, San Francisco, CA 94107