

Vitality University Continuing Education Course

Registration Form

Name in Chinese: _____ Name in English: _____

Gender: _____

Acupuncture License No.:

California _____

National _____

Non-Acupuncture Licensed Physician, please specify profession: _____

Practice State, City: _____

For regions outside the USA, please fill in the specific country name in

Chinese and English: _____

Course Selection (No Restrictions): Please check

1. Online Course (International New Prescription B) Please select and check

(1) 25 Credits

(2) Other: Please specify the number of credits required, as well as the specific date and time of attendance:

2. Onsite + Live Course (Integrated Medicine and Nutrition) Please select and check

(1) 25 Credits

(2) Other: Please specify the number of credits required, as well as the specific date and time of attendance:

Please fill out, then scan or photograph and send to:

hope@consotherapy.com.cn