

CEU Course Registration Form

Dr. Arlan Cage, ND, LAc

2011 Classes

(please fax or send a separate form for each course you are registering for. Thank you)

Course Name: _____ Date : _____

Name: _____

License Type: (circle all that apply) LAc RN ND Lic. No(s): _____

Address: _____ email: _____

City _____

ST _____ ZIP _____

Phone: _____

Students at any accredited Acupuncture, Nursing or Naturopathic program receive a 40% discount off posted rates. Please include a copy of your current registration/enrollment paperwork

Payment method: Check MC VISA AMEX **Course Fee:** _____

Note: if paying by check, please mail form and check to the address below.
your spot in the class will be confirmed when your check has cleared.

CC #: _____

Exp. Date: _____ 3 or 4 digit code _____

Billing address (if different than above)

Fax completed form to 530-926-0600,

or call and give the information to our receptionist, 530-926-1600

Dr. Arlan Cage, ND, LAc

Attn: CEU Courses

305 Maple Street

Mount Shasta, CA 96067

Refund Policy: Prior to 2 weeks before the class date, there is a full refund minus a \$25 processing fee with written/faxed notice. Less than 2 weeks notice, you may receive a 50% refund. Either before or after the cancellation deadline, you have an option apply your full tuition to any other future courses.