  
Chinese Scalp Acupuncture - Course Application

**Chicago, IL  
19 August 2017**

Complete this form onscreen, then print and return it by mail or fax to:

Helms Medical Institute  
2520 Milvia Street  
Berkeley, CA 94704

Fax: 510-649-8692

The fee for this course is $795 through August 1st and $845 August 2nd through 12th. Subtract $25 if paying by check.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |

First Initial Last

|  |  |
| --- | --- |
| Degree: |  |

MD, DO, DDS, DPM, DMD

|  |  |
| --- | --- |
| State Medical License #: |  |

|  |  |
| --- | --- |
| Specialty: |  |

|  |  |
| --- | --- |
| E-mail: |  |

|  |  |
| --- | --- |
| Street: |  |

Street address only, no P.O. boxes

|  |  |
| --- | --- |
| City: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| State: |  | Zip:\_ |  |

|  |  |
| --- | --- |
| Day Phone: |  |

|  |  |
| --- | --- |
| Home Phone: |  |

|  |  |
| --- | --- |
| Cell Phone: |  |

|  |  |
| --- | --- |
| Fax: |  |

Please use the format 555-555-5555.

|  |  |
| --- | --- |
| Year completed basic HMI Course: |  |

# Payment:

Make your check payable to Helms Medical Institute. If paying by credit card, provide this information or use this link: <https://squareup.com/market/hmi>

|  |  |
| --- | --- |
| Card Number: |  |

Discover, MasterCard, or Visa only.

|  |  |  |  |
| --- | --- | --- | --- |
| Expiration Date: |  | / |  |

Month Year

|  |  |
| --- | --- |
| Cardholder’s Name: |  |

|  |  |
| --- | --- |
| Authorizing Signature: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | / |  | / |  |

Month Day Year

All training activities will take place at the Edward Hotel Chicago (Rosemont, IL) where a group rate of $112 (plus 14% occupancy tax) has been arranged. Reservation information will be provided upon acceptance to the course.

For additional information concerning this program call 510-649-8488 or e-mail [mafp@HMIeducation.com](mailto:mafp@hmieducation.com).