  
Chinese Scalp Acupuncture

**Tempe, AZ  
 4 March 2017**

Complete this form onscreen. Print both pages and sign page 2. Return both pages by mail, fax, or email to:

Helms Medical Institute Fax: 510-649-8692

2520 Milvia Street Email: mafp@hmieducation.com

Berkeley, CA 94704

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| Name: |  |  |  |  |  |

First Initial Last

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| Degree: |  |

MD, DO, DDS, DPM, DMD

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| State Medical License #: |  |

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| Specialty: |  |

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| E-mail: |  |

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| Street: |  |

Street address only, no P.O. boxes

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| Year you completed the MAFP course: |  |

**TUITION: *No exceptions will be made to these tuition deadlines.***

**If paying by check**:

**$775** through **3 February**; **$825** from February 4 to 24.

*Make check payable to “Helms Medical Institute.” Checks must be postmarked by 3 February to qualify for the reduced tuition.*

**If paying by credit card:**

**$800** through **3 February**; **$850** from February 4 to 24.

*Full credit card payment must be received by 12:30 PM Pacific Time on 3 February to qualify for the reduced tuition. Use this link:*

<https://mkt.com/hmi/>

Read and sign the Video Use Agreement on page 2 of this application. Return both pages to the HMI office. You will receive a confirmation email once your application and payment have processed.

All training activities will take place at Tempe Mission Palms, 60 East Fifth Street, Tempe, AZ.

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

# Video Use Agreement – Chinese Scalp Acupuncture

IN CONSIDERATION of receipt of certain video material provided by the Medical Acupuncture Video Library (MAVL), published by Medical Acupuncture Publishers and Joseph M. Helms, MD (collectively “the Publishers”), I hereby agree as follows:

1. **Use**: No individual or group other than the undersigned shall view any portion of the video material. The video material is the proprietary information of the Publishers. Permission for use of any MAVL video for any purpose other than my personal participation in the HMI continuing medical education program requires written authorization in advance from MAVL. The contents of the videos shall be used for the sole purpose of my education and for the use and treatment of my patients. I understand that any other use of this copyrighted material is expressly prohibited. I agree that if I become aware of the violation of this Agreement by any individual, I will immediately report such violation to the Publishers.
2. **Non-Duplication**: I shall not copy, transcribe, excerpt, distribute, or in any other way duplicate or permit to be copied, transcribed, excerpted, distributed, or in any other way duplicated, any video material furnished to me, without exception.
3. **Ownership**: I expressly understand that these video materials are furnished to me for viewing only and that ownership of the video material remains with the Publishers.
4. **Injunction**: It would be difficult to measure damages to the Publishers from any breach of this Agreement. Further, any injury to the Publishers would be impossible to calculate, and money damages would therefore be an inadequate remedy for any such breach. Accordingly, I agree that if I breach any provisions of this Agreement, the Publishers shall be entitled to an injunction or other appropriate orders to restrain any such breach by me without showing or proving any actual damage sustained by them, in addition to all other remedies available to them.
5. **General**:
6. In the event any provision this Agreement shall be held to be invalid, void or unenforceable for any reason by a court of competent jurisdiction, the remaining provisions will nevertheless continue in full force and effect without being impaired or invalidated in any way.
7. This Agreement shall be binding upon the undersigned, my heirs, executors, assigns, and administrators.
8. This Agreement shall be governed and construed in accordance with the laws of the State of California.
9. Any action to enforce the terms of this Agreement shall be brought in the appropriate court in the County of Alameda, State of California.
10. If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Agreement, the prevailing party will be entitled to its reasonable attorneys’ fees, costs and any other relief that may be set by the court and to which the party is entitled.
11. All notices, demands or requests required, provided for, or permitted to be given pursuant to this agreement must be in writing and shall be given by first class mail and addressed to the receiving party at the address provided on the application form.
12. The use of the singular in the Agreement includes the plural, as appropriate.
13. The Publisher disclaims any liability, loss, injury, or damage incurred as a consequence, directly or indirectly, of the use and application of any of the contents of the videos. Viewing the videos does not demonstrate or impart professional competence in the subject.

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##### Date and sign this Video Use Agreement and return it with your application to the HMI office. See top of page 1 for addresses and fax number.

##### I agree to the above terms in the Video Use Agreement. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_