Japanese Acupuncture Study-Abroad Tour - Spring 2025 Registration Form

Please complete in full and submit along with a minimum deposit of \$500, a signed Study-Abroad Agreement, Copy of travel insurance and a Copy of Passport by appropriate deadline.

Payment may be submitted either by money order or cashier's check made out to Atsuki Maeda and mailed to: Maeda Acupuncture Group, 3248 Sepulveda Blvd. Torrance, CA 90505,

Name (Last, First, MI):		
Address:	City:	
State: Zip:	Country:	
Phone:	Email:	DOB:
Check one: Acupuncture Studen	t 🗖 Practitioner 🗖 Other Practitioner:	(Please indicate)
CA CEU required? Yes No P	DA required? ☐ Yes ☐ No L.Ac. License #:	NCCAOM #:
		Relationship:
Phone Number:	Email:	
List any medical conditions and die	t preference:	
Will you be applying for a travel vis	a?YesNo (U.S. Citizens do not need a v	visa to travel to Japan.)
Non-Citizens may visit http://www.r	nofa.go.jp/j_info/visit/visa/index.html for informat	ion on obtaining travel visas to Japan.
How many nights will you stay at H	otel? Check-In Date:	Check-Out Date:
Name of roommate, if applicable:		
Signature of Applicant:		Date:
Early Bird Deposit Deadline: Remainder of Payment Due: b		
Deposit Refund Deadline: November	•	
* Refund Deadline: November 15th	,	
		Seminar Fees:
Application and Full Payment	: November 15th, 2024	Early Bird Special:
Remainder of Payment Due: b	y November 15th, 2024	Practitioners: \$2295 Practitioners: \$2395
* Refund Deadline: November 31s	t, 2024*	Students: \$2195 Students: \$2295

Wait-listed participants: You will be notified of your status shortly after your application materials are received. If wait-listed, full payment will be due at the time (and if) an opening becomes available. All wait-listed deposits will be fully refunded if no space becomes available.

*Cancellation of tour if minimum of 10 participants is not met by 11/15/2024, maximum 14 participants.

Reg

^{*}Refunds will not be issued after the listed refund due dates except in case the program is cancelled.