

**FOR OFFICE USE ONLY**  
Invoice no:  
INVS:  
DR:



**BOOKING FORM 2024-5**  
AcuVietnam

**PERSONAL INFORMATION:**

Title: ..... First Name: ..... Surname: .....

**NB:** ABOVE NAME MUST MATCH YOUR PASSPORT NAME. ALL PASSENGERS MUST CARRY A VALID PASSPORT AND VISA FOR THEIR STAY.

Date of Birth: ..... Nationality.....Gender (M /F).....

Passport number..... Expiry date..... Telephone number: .....

Home Address:.....

Email address: .....

Emergency Contact (Name, phone number and relationship to you): .....

Are there any medical conditions we need to be aware of:.....

**QUALIFICATION(S):**

Name of College: ..... Year Graduated: .....

Length of course:.....

Areas of TCM you were you trained in:.....

**ADDITIONAL INFORMATION:**

Do you have a Specialised area, or a particular area of interest? .....

Do you have your own practice, if so, how long have you been in operation? .....

Are you a specialist in other areas also, e.g. reflexology, massage, etc.....

Please list any additional courses or training you have received in Acupuncture or Traditional Medicine including date of training.....

**TRIP DEPARTURE:**

Preferred Departure date: ..... 2<sup>nd</sup> Date option (if 1<sup>st</sup> option full): .....

Departure Airport: ..... Have you travelled to Vietnam or Asia before: .....

Any special request, e.g. vegetarian, room, etc.....

Name of Travel Insurance provider: ..... Policy no: .....

**PAYMENT:** The booking Form must be accompanied by a non-refundable deposit of €500 per person within 3 Days of completion, please confirm your preferred method of payment. *Additional due dates:* Second installment of 50% at 16 Weeks pre-departure (€1145). Final Balance at 8 Weeks pre-departure (€1145).

**Preferred method of payment:**  Online Payment Link  Bank Transfer

**DECLARATION:** I hereby confirm that I have read and understood all Terms and Conditions and trip Information in relation to booking my place with AcuVietnam for my trip to Vietnam for further study in Hanoi. I agree that my signature on this Booking Form constitutes my agreement to be bound by the conditions. I confirm that all of the information provided by me is true and accurate. <https://www.acuvietnam.com/termsandconditions.html>

**Name (printed)**..... **Signature** ..... **Date:** .....

*\*\* Please tick this box if you would like to be placed on our Newsletters, prescription & training updates.*

AcuVietnam - Head office: Unit 6A, Chapel Street, Bennettsbridge, Co.Kilkenny, IRELAND | Hive of Health Clinic  
Vietnam Training Locations: AV, Nguyễn Bình Khiêm, Hai Ba Trung. Hoàng Văn Thái, Thanh Xuan. Phố Huế, Hoàn Kiếm. Tây Hồ, Hà Nội, VIETNAM.