FOR OFFICE USE ONLY
Invoice no:
INVS:
DR:

BOOKING FORM 2026-27

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: ..... 2nd Date option (if 1st option full): .....
Departure Airport: ..... Have you travelled to Vietnam or Asia before: .....
Any special request, e.g. vegetarian, 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. Final Balance at 8 Weeks pre-departure.

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 Bỉnh Khiêm, Hai Ba Trung. Hoàng Văn Thái, Thanh Xuan. Phố Huế, Hoàn Kiếm. Tây Hồ, Hà Nội, VIETNAM.

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