

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

**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:**

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, eg; 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, eg: vegetarian, room, etc.....

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

**PAYMENT:** The booking Form must be accompanied by a non-refundable deposit of €475 / £400 per person, please confirm your preferred method of payment.

**Preferred method of payment:**       Cash Deposit       Cheque       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.

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

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

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