

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(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, allergies, etc.....

Name of Travel Insurance provider: Policy no:

***IMPORTANT: Travel insurance must be taken by each student prior to travel. ***

PAYMENT: The booking Form must be accompanied by a non-refundable deposit of €475 / £400 per person within 7 days of completion, please confirm your preferred method of payment.

Preferred method of payment: Cash Deposit Cheque Bank Transfer

Bank Account Name: AcuVietnam | Ulster Bank College Green, D2. **Account no:** 16320517

IBAN: IE90ULSB98501016320517 | **BIC:** ULSBIE2D

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 updates.*