

YU WEN ACUPUNCTURE CLINIC: REGISTRATION FORM

Please PRINT and use ink when filling out the form. Thank you.

Return this completed Registration Form along with a check or money order for \$360 (\$150 for senior citizens and SSI recipients), payable to Swedish Institute.

Mail to Swedish Institute, 226 W. 26th Street, Yu Wen Acupuncture Clinic, New York, NY 10001.

Name: _____

Home phone: _____

Address: _____

Work phone: _____

Cell phone: _____

City: _____

Primary Care Physician: _____

State: _____ Zip: _____

Physician's phone: _____

E-mail: _____

CLINIC DATES AND TIME

Please see the back cover for next semester's clinic dates and times.

Please indicate a first choice and second choice for a clinic appointment, in case appointment times are filled. Your appointment will be confirmed by mail or e-mail. Once your appointment has been confirmed, the fee is non-refundable.

Please indicate the day and time that you would like to attend.

Semester _____

1st Choice day: _____ Time: _____

2nd Choice day: _____ Time: _____