

Classical Five Element Acupuncture Training Application Form

Date.....

First Name.....Last Name.....MI.....

Mailing Address.....

City.....State.....Zip code.....

Telephone/Home.....Work.....Cell.....

E-Mail address.....

Professional Licenses

<i>License Type</i>	<i>Issuing Agency</i>	<i>Date Issued</i>	<i>Expires</i>
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Educational Background and previous study of Chinese Medicine

<i>School</i>	<i>Date Attended</i>	<i>Major</i>	<i>Degree</i>
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Describe your interest in this program on a separate sheet of paper and include with your application.

Please send the completed application form together with you check for \$100 payable to Khosrow Khalighi and mail to:

**Five Element Trainings
463 Woodland Road
Kentfield, CA 94904**