



LA Herbs & Acupuncture

Wellness through ancient wisdom

CEU REGISTRATION FORM:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ACUPUNCTURE LICENSE NUMBER: _____

COURSE NAME: _____

COURSE DATE(S): _____

PAYMENT METHOD: CHECK VISA MC AMEX PAYPAL AMOUNT: _____

CREDIT CARD # _____ EXP. DATE: _____ SECURITY CODE: _____

SIGNATURE: _____