

1

Personal Information

First Name				Last Name			
Address							
City					State		
Phone Number 1					Phone Number 2 or Fax		
Email					Website URL		

2

I am a Practitioner

Acupuncture License Number	State License issued	Clinic Name

I am a Final-Year-Student

Student ID Number	State of School	Name of the School

I am referred by

3

Please attach a picture of your valid

Acupuncture License
or
Student ID.

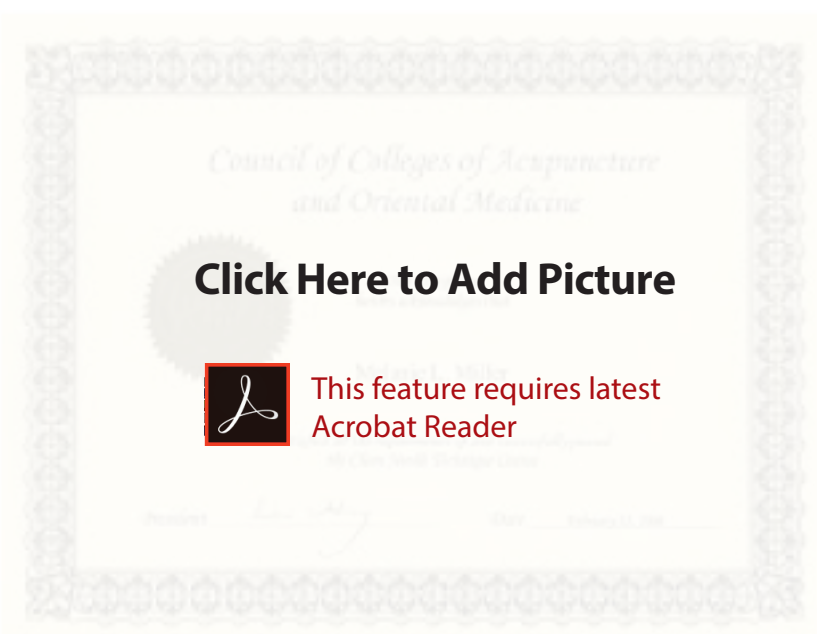
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