



PACIFIC COLLEGE of ORIENTAL MEDICINE
Continuing Education Registration Form

Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Who are you?

- PCOM NY Student
- PCOM NY Alumni
- PCOM NY Faculty

- Licensed Acupuncturist
- Other Student _____
- Other Professional _____
- ASNY Member _____

Course Name	Instructor	Date	Amount

Total Amount: _____

Payment Option Attached (please circle one):

Cash Check Money Order Visa Master Card

Card Number _____ Exp. Date: _____

Name on the Card: _____

Signature: _____ Date: _____

Do you need a Certificate for CEU's? _____ License # _____

Please bring a photo ID and ASNY card (if applicable) to the event.

How did you hear about this event?

- PCOM Email
- PCOM Brochure
- PCOM Website
- Internet
- Other Advertising
- Course Instructor
- Friend
- Colleague
- Other: _____

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