

**HEALING OASIS WELLNESS CENTER  
CONTINUING EDUCATION SEMINAR  
APPLICATION FORM**

Name: \_\_\_\_\_

Degree (please circle appropriate one): DC, DVM, VMD, Other: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email (required): \_\_\_\_\_

Emergency / cell phone number (will be kept private): \_\_\_\_\_

**Registration for: Equine Dentistry Seminar CE scheduled for January 21<sup>st</sup> – 22<sup>nd</sup>, 2017**

**Location: Midwest Equine Services Teaching Complex (W3143 County Road D  
Elkhorn, WI 53121)**

Admissions requirements:

1. Must comply with the minimum requirements for the specific CE seminar. Requirements may vary from being a licensed chiropractor (DC) or veterinarian (DVM, VMD); licensed or registered veterinary technician; registered nurse; licensed or registered massage therapist or licensed physical therapist. All applicants must also sign the application form attesting to being in good standing with their particular state / provincial / governmental licensing board.
2. Provide a **copy of your current** (not expired) license / registration or official state / provincial permit.
3. Please include a check for the **total amount of \$565.00** (five hundred sixty five USD, **drawn on a US Bank**). **No foreign checks please.**
4. Healing Oasis, VCLC and Backbone Academy alumni, can take advantage of 10% discount! **MUST INCLUDE CERTIFICATE OR LETTER FROM SCHOOL ATTESTING TO COMPLETION.**
5. AVCA, AARV, CoAC and IVCA members in good standing can take advantage of 5% discount! **MUST INCLUDE LETTER OF ACTIVE AND CURRENT MEMBERSHIP.**
6. Only one (1) DISCOUNT per person.
7. REFUND criteria:
  - a. 50% refund if more than 5 weeks but less than 7 weeks of scheduled date
  - b. 15% refund if more than 4 weeks but less than 5 weeks of the scheduled date
  - c. NO REFUND if less than 4 weeks of the scheduled date.

\*\*\*Please note that **ALL CANCELLATIONS** must be done in writing (no phone messages will be accepted as cancellation). All cancellation notices must be sent via email at [CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU). \*\*\*Please note, that a **2.5%** charge will be applied to all credit card transactions\*\*\*

Healing Oasis Wellness Center  
2555 Wisconsin St  
Sturtevant, WI 53177-1825  
262-898-1680; 262-886-6460 FAX  
US Toll Free: 866-203-7584

[CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU) OR [WWW.HEALINGOASIS.EDU](http://WWW.HEALINGOASIS.EDU)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, applicant acknowledges that they are in good standing with their particular licensing board and that they are not currently under investigation for unprofessional conduct.**