

Registration Form

Paracelsus Academy Study Tour 2025

23-27 June 2025, International Students (English-speaking)

Dear Student, please fill in the **entire** form. Thank you.

All information is strictly confidential and is protected by law. (Please use block letters.)

Male / Female / Other _____

Last Name _____ **First Name** _____

Title and Full Name as preferred on your certificate: _____

(e.g. Prof. Dr. med. A. Smith; Mr. Max Sample, TCM Doctor)

Address _____ **Occupation** _____

_____ **Medical Doctor (yes/no)** _____

City/Country _____ **Zip-Code** _____ **Phone mobile** _____

Date of birth _____ **E-mail** _____

	Yes	No	Comment / Answer
What is your main reason for joining this tour?			_____
Do you have any experience in Biological Medicine?	<input type="radio"/>	<input type="radio"/>	_____
Do you have any dietary restrictions?	<input type="radio"/>	<input type="radio"/>	_____
If yes, please specify:			_____

Payment information

The total program fee is **CHF 6600**. This covers Seminars, Study Materials, Practical Experience, Doctor and Dentist consultations, Lab results, Welcome Ceremony, Certificate Ceremony, Goodbye Group Dinner and 5x Lunch. Payment is due by **30 April 2025**. **We send a confirmation e-mail on the 9 May 2025. In case less than 6 people register until 9 May 2025, the Study Tour is cancelled and the full amount will be refunded.**

Preferred Payment Method: ☐ Payment Link by Credit Card ☐ Bank Transaction

Consent & Signature

By signing below, I confirm that all the provided information is accurate and that I agree to the terms and conditions of the Paracelsus Academy Study Tour. I understand that the fee is non-refundable after the confirmation e-mail on **09 May 2025**.

Signature: _____ Date: _____