



Medical Qigong Institute Practitioner Seminar Registration Form

Applicant Information (please print legibly):

Name: _____
Home Phone: _____ **Cell Phone:** _____
Email: _____
Address: _____
City, State, Zip: _____
Date of Birth: _____ **Gender:** _____ **Occupation:** _____

Education

Institution	State	Major/Minor	Dates Attended	Degree	Date Completed

If you have previously completed a Registration Form with us, you may write "On File" for redundant information.

Previous Medical Qigong, Bodywork, Energetic or Meditative Training

How did you hear about hear us?

Registration Options Space is limited. Register early to reserve your place.

Registering for (check one):

Check Level(s) Completed

Medical Qigong Practitioner 1 (MQP1) five-day seminar	N/A	N/A
Medical Qigong Practitioner 2 (MQP2) five-day seminar		MQP 1
Medical Qigong Practitioner 3 (MQP3) five-day seminar		MQP 2
Medical Qigong Practitioner 4 (MQP4) five-day seminar		MQP 3
Medical Qigong Practitioner 5 (MQP5) five-day clinical seminar		MQP 4

Medical Qigong Practitioner Level Seminars must be taken in consecutive order as each builds upon the previous course

Payment Options*

\$400.00 Non-Refundable Deposit. This is required to guarantee your space in the seminar.
\$1,200.00 Cost for One five-day Seminar (e.g. MQP3)
\$5,400.00 Discounted cost for full seminar (five 5-day sessions) if paid in full before day one of session one.

*See NOTE on page 3

Payment Method:

_____ **Check, Make checks payable to: Tranquil Cloud Temple** **Amount:** _____

_____ **Visa, MasterCard, Discover or American Express** **Amount:** _____

Account # _____

Expiration Date ____ / ____ **CVVC (3 digit code on back of card)** _____

Cardholder's Name (please print legibly above)

Billing Address (please print legibly above)

City, State, Zip (please print legibly above)

***NOTE: Payments may be made prior to class. FULL PAYMENT is due by 9:00 a.m. (CST) of Day One of class.**

Tranquil Cloud Temple reserves the right to deny attendance for lack of payment.

Please MAIL or EMAIL registration form to:

Medical Qigong Institute at Tranquil Cloud Temple, 13959 W Illinois Highway, Suite 2, New Lenox IL 60451 or tranquilcloudtemple@gmail.com. Our phone number is: 815-463-0122.

**I certify that the information given in this application is true and accurate. If it is not, I understand that I may be dismissed from the Medical Qigong Institute of Tranquil Cloud Temple.
I have read and understand the refund policies of this document.**

Signature

Date