



Qigong Retreat in China (October 28 – November 11, 2006)

Presented by the **World Institute for Self Healing, Inc. (WISH)**

Led by **Master Binhui He**

Registration Form (Deadline for registration: August 30th, 2006)

First Name:	M.I.	Last Name:	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F
Mailing Address:		Date Of Birth: ____ / ____ / ____ MM DD YYYY	
Home Phone (required):	Work Phone (if applicable):	Mobile Phone (if applicable):	
Email (preferred for WISH new events notice):		Fax (if applicable):	
In case of emergency, please contact: Name:		Relationship: Phone:	
How long have you practiced Taiji Five-Element Qigong meditation or other Qigong related forms?			
How did you learn about this retreat? <input type="checkbox"/> WISH flyer <input type="checkbox"/> newspaper <input type="checkbox"/> WISH website <input type="checkbox"/> friends <input type="checkbox"/> WISH Newsletter <input type="checkbox"/> Qigong Institute <input type="checkbox"/> Other _____			
Please describe in details any health conditions & physical limitations (include a separate sheet of detailed health history if needed):			
It is WISH policy to respect and safeguard the privacy of an individual's personal data. The data provided here is for record keeping purposes and will not be disclosed to any third party without the consent of the student.			
Signature of Student: _____			Date: ____ / ____ / _____

Payment information (all payments in US Dollars):

The all-inclusive cost is **\$2,495 if registered before July 28, 2006**; and **\$2,800 after July 28**. Please place a deposit of \$250 US (not refundable). Full payment is due on August 31. Cancellation must be made by September 30 for a full refund (deposit is not refundable). Only a partial fee will be refunded if the cancellation is made after September 30, 2006.

I want to pay	<input type="checkbox"/> Deposit of \$250 <input type="checkbox"/> Full payment of \$2,495 (before July 28) <input type="checkbox"/> Full payment of \$2,800 (after July 28)	by	<input type="checkbox"/> Check (payable to WISH) <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Name on Credit Card:		Credit Card #:	
Expiration Date: ____ MM / ____ YY	Signature: _____		Date: _____

Please mail or fax this form to: World Institute for Self Healing, Inc., 501 Hoes Lane Drive, Suite 208, Piscataway, NJ 08854
 Fax: (732) 699-0099, Tel: (732) 699-0900, Email: qigong4us@aol.com, Website: <http://www.wishus.org>