



World Institute for Self-Healing, Inc.
 501 Hoes Lane, Suite 208, Piscataway, NJ 08854
 Tel: (732) 699-0900, Fax: (732) 699-0099
 Email: qigong4us@aol.com, Website: http://www.wishus.org

Student Registration Form

(Please print legibly)

First Name:		M.I.	Last Name:		Gender: <input type="checkbox"/> M / <input type="checkbox"/> F
Type of Class to Attend:			Date Of Birth: ____/____/____ MM DD YYYY		
<input type="checkbox"/> Intensive Class <input type="checkbox"/> Instructor's Class <input type="checkbox"/> Healer's Class <input type="checkbox"/> Mini-Retreat			<input type="checkbox"/> Annual Special Retreat <input type="checkbox"/> 1-day Introductory Class <input type="checkbox"/> 2-day Introductory Class <input type="checkbox"/> Other		
Mailing Address:					
Home Phone (required):		Work Phone (if applicable)		Mobile Phone (if applicable)	
Fax (if applicable):		Email (preferred for WISH new events notice):			
During this workshop, what are the place you stay _____ and the phone number to best reach you _____					
In case of emergency, please contact: Name: _____ Relationship: _____ Phone: _____					
How did you learn about the WISH training program? <input type="checkbox"/> Search Engine <input type="checkbox"/> From WISH Flyer <input type="checkbox"/> From Newspaper <input type="checkbox"/> From WISH Website <input type="checkbox"/> From Friends <input type="checkbox"/> Other					
Please describe in details any health conditions & physical limitations (include a separate sheet of detailed health history if any):					
Expectations, suggestions and comments for WISH and our Qigong training classes:					
It is WISH policy to respect and safeguard the privacy of an individual's personal data. The data provided here is for record keeping purpose and will not be disclosed to any third party without the consent of the student.					
Please read carefully about "Important Notice to Students", "Basic Principles of Qigong Practice and Some warnings/Instructions", "Terms, Conditions and Liability Waiver" on page 2-4 before you sign below.					
I have read the basic principals of Qigong practice and related warnings. I have also read and agreed to the Terms, Conditions and Liability Waiver.					
Signature of Student: _____ Date: ____/____/____					

Payment (please print legibly):

To register for any WISH classes, you need to send WISH \$100 as non-refundable registration deposit at least one week before the class begins. You may pay by check, money order (payable to WISH, Inc.), or credit card. If pay by credit card, please fill out the form below.

Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card			
First Name:		Last Name:	
City:	State:	Zip code:	Country:
Credit Card Number:		Expiration Date: ____MM / ____YY	