



## 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

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How did you hear about us? \_\_\_\_\_

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

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

Registering for (check one): Check Level(s) Completed

	Medical Qigong Masters 1 (MQM1) five-day seminar		MQT 5
	Medical Qigong Masters 2 (MQM2) five-day seminar		MQM 1
	Medical Qigong Masters 3 (MQM3) five-day seminar		MQM 2
	Medical Qigong Masters 4 (MQM4) five-day seminar		MQM 3
	Medical Qigong Masters 5 (MQM5) five-day clinical seminar		MQM 4

### 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 in New Lenox, IL (e.g. MQP3) to be paid in full no later than the first day of class.
	\$1,500.00 Cost for One five-day Seminar (at Distant Location) to be paid in full no later than the first day of class.

\*\*See NOTE on page 3

**Payment Method:**

\_\_\_\_\_ **Check\*** (Checks payable to: Tranquil Cloud Temple) **Amount:** \_\_\_\_\_

\_\_\_\_\_ **Visa** (MasterCard, Discover, American Express) **Amount:** \_\_\_\_\_

**CC#** \_\_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_

**CVVC (3 or 4 digit security code)** \_\_\_\_\_

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**Cardholder's Name** (please print legibly above)

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**Billing Address** (please print legibly above)

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**City, State, Zip** (please print legibly above)

**\*\*NOTE:** Payments may be made prior to class. **FULL PAYMENT** is due by **5:00 p.m. (CST)** on the **First Day** of class.

\* A **\$50.00** fee will be assessed for returned checks.

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 policies of this document.

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**Signature**

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**Date**