



## 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**

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

### Payment Options\*\*

	<b>\$400.00 Non-Refundable Deposit. This is required to guarantee your space in the seminar.</b>
	<b>\$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.</b>
	<b>\$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.</b>

\*\*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](mailto: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**