REGISTRATION APPLICATION FORM
ONE DAY KI GONG CLINIC-SEPT 6TH-2009

DEADLINE DATE FOR REGISTRATION: AUGUST 6TH-2009

STUDIO/CLUB:_____ INSTRUCTOR:_____

NAME(please print)	RANK GUP/DAN#	TYPE OF PAYMENT MADE(CASH, CHEQUE,POSTAL ORDER)
Total No.Participants:		**Total Amt.Paid:£**