

# Registration Form

For TCM Wellness Study Tour (May 6-21, 2017)



Full Name (first, md, last) as it appears in your passport			
Mailing address			
Email address:			
Contact Telephone:	Home:	Cell:	
Emergence contact info (name and phone #)			
Where did you hear about this wellness tour?	<input type="checkbox"/> Friends/family	<input type="checkbox"/> In Dr. Chen class	<input type="checkbox"/> Flier
	<input type="checkbox"/> website /email	<input type="checkbox"/> Other _____	
Nationality	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Other country _____	
Passport No			
Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Your main health interests or any impediments			
Dietary concern or request			
Comments / Question?			
<b>Select a payment plan</b> (Total amount due by April 8)	<input type="checkbox"/> \$500 deposit only <input type="checkbox"/> \$1,995 -- entire tour with double occupancy <input type="checkbox"/> \$2,345 – entire tour with single occupancy <input type="checkbox"/> \$1,200 – flight fare Washington-DC ↔ Beijing		
Total Payment Enclosed	\$ _____ ( cash, check or money order )		
Make check payable to: <u>W.I.S.H.</u>	<b>Mail to:</b> 5207 Overcrest Ave. Baltimore, MD 21207 Or Pay with Google Payment to <a href="mailto:Qigong4us@gmail.com">Qigong4us@gmail.com</a>		
<b>Agreement of Release and Waiver of Liability</b>			
<ul style="list-style-type: none"> <li>❖ I am voluntarily participating in the TCM wellness tour offered by World Institute for Self-Healing, Inc. led by Dr. Kevin Chen, in which I will receive information and training regarding Chinese health and wellness practices. I understand that this tour is not intended to offer any medical treatment.</li> <li>❖ I acknowledge that it is my choice and responsibility to consult with my physician or healthcare professional prior to and regarding my participation in this tour.</li> <li>❖ Although the tour provides accident insurance, I agree to assume full responsibility for problems and risks that result from my actions as a result of taking the tour.</li> <li>❖ To participate in this tour, I knowingly and voluntarily waive any claim I may have against Dr. Kevin Chen, World Institute for Self-Healing, and the tour companies involved in China, for injury or damage that I may accidentally sustain during the tour.</li> <li>❖ I have read the above release waiver of liability and understand its contents. I voluntarily agree to its contents and to the terms and conditions stated above.</li> </ul>			
Signature :	Date:		

**Note: Registration is incomplete without signature and deposit payment. Thank you!**