

Registration Form for Instructor Training Programs

Chinese Medicine for Health, Inc • New England School of Tai Chi
1564A Washington Street Holliston, MA 01746 (508) 429-3895

(Please print or type)

Company Name (if applicable): _____

Trainee Name: _____ Age: _____ Sex: _____

Occupation: _____

Mailing Address: _____

Phone (Day) _____ Phone (Evening) _____

E-mail Address: _____

Name of the Course and Training Date:

Health problems?: _____

Previous exercise experience: _____

Previous teaching experience: _____

Last Qi Gong Training at CMH: Date: _____ Course: _____

Payment Method:

Check _____ (make check payable to Chinese Medicine for Health) Cash: _____

Master Card #: _____ Expiration Date: _____

Visa Card #: _____ Expiration Date: _____

Signature (only if paying by credit card):

Refund policy: If you are unable to attend you must notify the center at least one week prior to the **Training**. After registration, 75% of the fee will be refunded for any cancelation.

We will send a confirmation and directions to you after receiving your application and fee payment.