



GM ZHU TIANCAI SEMINAR REGISTRATION FORM MAY 15-16, 2010
 One registration form for each student

Name: _____ Phone: _____

Address: _____

Profession: _____ E-mail Address: _____

How did you hear about this seminar?

Website E-mail Flyer Mail Others: _____

Previous martial art experience/style: _____

If you need FL CEUs, please provide Lic. No: _____

VENUE: DU 20 Holistic Arts Center Old Scholl Square Park, NE 2nd Ave., Delray Beach, FL 33484		
DATE TIME	Sat May 15 9 am – 12 / 2 -5 pm	Sun May 16 9 am – 12 / 2 -5 pm
Seminar Details	Taiji 18-Set Transformation Silk Reeling Healing Qigong	Taiji 18-Set Transformation Silk Reeling Healing Qigong
Seminar Fee	<input type="checkbox"/> Sat or Sun - \$150	<input type="checkbox"/> Sat and Sun - \$250
<input type="checkbox"/> Super Early Bird Special 20% off before May 1 <input type="checkbox"/> Early Bird Special - 10% off before May 8 <i>Please call for Group or School discount.</i>		
Total _____		

For any inquiries, please call or email: drnick@du20.com
 Phone: (954) 261-1521

Method of Payment: By Check. Please make check payable to: Taiji Kung Fu Academy
 Mailing Address: 1835-5 East West Parkway, Fleming Island, FL 32003

By: **Cash** **Paid Online** **Check #** _____

Credit Card Visa MC Amex Discover
 Card #: _____ SC# _____ Expired on: _____

Amount Received: _____ Balance: _____

Refund Policy: 7 – 14 days before seminar – 100% 1 – 7 days before seminar – 70% Day of seminar – 0 Refund

For Office Use Only:	Staff Initial: _____	Date: _____
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