

REGISTRATION FORM - 2009 ZY QIGONG RETREAT AND PRIVATE STUDENT SEMINAR

NAME:	_____	PHONE NUMBER:	_____					
EMAIL ADDRESS:	_____							
RETREAT ONLY:	COST: _____	RETREAT & PRIVATE STUDENT WORKSHOP:	COST: _____					
ROOM TYPE:	_____	SECOND CHOICE:	_____					
ROOM MATE:	_____							
CREDIT CARD INFO:								
NAME (as it appears on credit card):	_____							
CC NUMBER:	_____	EXPIRATION DATE:	_____					
CSC:	_____ (LAST 3 DIGITS ON BACK OF CARD)							
BILLING ADDRESS:	_____ _____							
SIGNATURE:	_____							
MAKE CHECK OUT TO: ZY QIGONG								
DIETARY RESTRICTIONS: (CIRCLE)	NO POULTRY	NO SEAFOOD	NO SHELLFISH	NO DAIRY	NO WHEAT	NO GLUTEN	ONLY VEGAN	ONLY VEGETARIAN

MAIL TO: ZY Qigong
4033 Stone Way N
Seattle WA 98103

FAX TO: 206-675-1043