

第二期健身气功美洲教练员培训班报名表

THE 2<sup>ND</sup> HEALTH QIGONG SEMINAR FOR AMERICAN INSTRUCTORS

Surname (As in Passport) 姓 (以护照为准)	
Given Name (As in Passport) 名 (以护照为准)	
Sex 性别	
Date of Birth 出生日期	DD/MM/YY
Passport No. 护照号码	
Nationality 国籍	
Name of your Team Leader 领队姓名	
Check in date 入住日期	
Check out date 退房日期	
Type of your credit card 信用卡类别	MasterCard <input type="checkbox"/> Visa X <input type="checkbox"/> Maestro <input type="checkbox"/> CarteBleue <input type="checkbox"/> Other <input type="checkbox"/> (please specify _____)
Credit card number 信用卡号码	
Validity 信用卡有效期 Date d'expiration de la carte de crédit	
Which room do you want? 房间类型	<p>单间 Single Room (85CAD per person per night, Includes hot breakfast for 2 guests, served in the Hotel Restaurant) <input type="checkbox"/></p> <p>双人间 Shared Double Room (42.5 CAD per person per night, includes hot breakfast for 2 guests, served in the Hotel Restaurant) <input type="checkbox"/></p> <p>(Please indicate the name of your roommate and which bed you prefer _____)</p>