

Registration Form

Today: M _____ D _____ Y _____ Birthday: M _____ D _____ Y _____

Last Name: _____ First Name: _____ Mr. Mrs. Miss

Address: _____ Suburb / City: _____ State _____ Zipcode: _____

Phone: _____
(Home) (Work) (Mobile)

E-mail: _____ Website: _____

Please list what year and where have you attended Master Robert Peng's workshop/workshops? have you attended:

1.

2.

3.

4.

Have you done any other Qigong or relevant exercise such as yoga or taichi?

How often do you practice Qigong, what Qigong do you like the most?

Describe briefly how Qigong benefit you in your life and work and how being a RP Qigong teacher will benefit the world.