



**Admission to Integral Qigong and Tai Chi Teacher Training  
Level 1 --Qigong Community Practice Leader CYJ Retreat  
Center, October 1 – 8, 2009 in Wimberley, Texas**

To register by mail, fill out completely, and enclose check or money order payable to Health Action Inc. In the memo line write **IIQTC LEV I CYJ, TX 09-013**. Mail to:

Health Action Inc  
Attention: IIQTC Level 1 Registration  
5276 Hollister Avenue Ste 257  
Santa Barbara, CA 93111

If you have any questions, contact the IIQTC Registrar by email at [jennifercarroll@healthaction.net](mailto:jennifercarroll@healthaction.net)

**Student Information**

Name:

Primary Phone:

Mobile Phone:

Mailing Address:

City:

State:            Zip:

Email Address:

Emergency Contact:

Emergency Contact Phone #:

When would you like to begin the Integral Qigong and Tai Chi training program?

## Education

Please list all post-secondary institutions you have attended including non-degree granting schools.

Attach additional pages if necessary Name of Institution, Location Dates Attended Degree or Certificate

## Registration Interview

1) Have you completed any instruction and personal practice in one or more forms of Qigong and/or Tai Chi? The more varied your practice and experience, the better prepared you will be to teach effectively. YES \_\_\_\_ NO \_\_\_\_

If YES, please list the forms and number of years have studied, practiced or taught each form.

Attach additional pages if necessary

Forms

Years Study

Years Practice

Years Teaching

2) Will a family member, friend or spouse be enrolling with you for this training? YES \_\_\_\_ NO \_\_\_\_

If YES, please name.

3) Do you have a roommate preference? YES \_\_\_\_ NO \_\_\_\_ If YES, please name.

4) Were you referred by a previous graduate of the Institute of Integral Qigong and Tai Chi (IIQTC)?

YES \_\_\_\_ NO \_\_\_\_ If YES, please name.

5) Do you have any limiting physical or emotional conditions, which might affect your full participation in this program? YES \_\_\_\_ NO \_\_\_\_

If YES, please list physical conditions or considerations, which may limit your participation. List any prescription medications.

You will need to be comfortable with physical movement for extended periods of time and training. If you are currently receiving medical or psychiatric treatment, please discuss your participation in this intensive with your physician and follow his or her recommendations.

6) Are you comfortable participating in a group training environment, in which you will be leading brief practice sessions, and giving and receiving feedback? YES \_\_\_\_ NO \_\_\_\_

If NO, please describe or list your concerns.

7) List any other credentials you may have in nursing, health care provider, bodywork, teaching, acupuncture, counseling, occupational therapy, physical therapy, social services or coaching.

8) Please document your goals or purpose for taking this training in a Letter of Intent. Help us to focus the training for you by sharing your personal vision and interests. Include in this letter, whether you are registering to become a teacher or for a personal Qigong intensive. You may use a separate piece of paper, or attach additional pages.

9) List your Tuition, Lodging, Meals Fee Plan choice: \_\_\_\_\_

| Training & Lodging Option | EARLY BIRD -Before Friday, June 12, 2009 | Regular Registration EXTENDED TO AUGUST 31, 2009 | Late Registration after August 31, 2009 |
|---------------------------|--|--|---|
| Shared (Double)           | \$1985                                   | \$2225   | \$2425                                  |
| Single Lodging            | \$2275                                   | \$2515   | \$2815                                  |
| Commuter                  | \$1575                                   | \$1800   | \$1900                                  |

**Fees Include:** Tuition for Institute of Integral Qigong and Tai Chi (IIQTC) Level 1 Community Practice Leader Certification Training, 7 nights lodging, meals, break refreshments, and on site training materials. Commuter fees include Level 1 Certification Training tuition, food plan with 21 meals and on site training materials. As a student of the IIQTC, you are part of a worldwide community of Facilitators and Teachers. In addition, IIQTC graduates have access to a restricted web site and an Internet directory listing. *Fee does not include required texts and videos, round trip airfare and ground transportation to and from CYJ Texas.*

10) What are your dietary preferences? To better serve you, please answer questions a-g.

- Are you a vegetarian or vegan?
- Do you eat chicken?
- Do you eat fish?
- Do you drink coffee or decaffeinated coffee?
- Do you eat desserts?
- Do you have food allergies or sensitivities?
- Other considerations?

**Cancellation and Refund Policy:**

A full refund of the amount paid, less a \$125 processing fee, (*and less the portion of the finance fee collected to date of cancellation for Payment Plan Enrollees*), will be offered on or before 11:55 pm Pacific Time, August 1, 2009. Due to required facility deposits, for cancellations made between August 2, 2009 – September 2, 2009, the refund is the registration fee less a \$350.00 processing fee, (*and less the portion of the finance fee collected to date of cancellation for Payment Plan Enrollees*). No refund is available for cancellation if the registrant does not show up for the program, if the registrant leaves the program early, or if the registrant cancels his/her registration after September 3, 2009. For cancellations after September 3, 2009, a partial credit of tuition ONLY will be offered on a case-by-case basis for extenuating circumstances such as serious illness, accident, death in the family, or family emergency.

No refunds can be offered for lodging/meal plans under late cancellation circumstances. Tuition credit toward a comparable Institute of Integral Qigong and Tai Chi training must be claimed within 1 year of issue date or monies will be forfeited. The Institute of Integral Qigong and Tai Chi (IIQTC) reserves the right to cancel any program, at any time. Should it be necessary for the IIQTC to cancel a program, registrants will receive a full refund if a satisfactory alternative is not possible.

**Certification**

I certify that the information presented in this application is true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_