

**Master Zhongxian Wu  
Chinese Shamanic Qigong & Taiji  
Training Program**

**APPLICANT INFORMATION**

First Name	MI	Last Name	___ Male ___ Female
Address	City	State	Zip/Postal Code
Home Phone*	Work/Cell Phone*	Fax*	E-mail
International, list country/city codes, hyphenating between. (Country Code-City Code-Number)			
Current Occupation	Date of Birth		

**PROGRAM COSTS**

Program cost for each session is \$1,200. Instruction, lodging, and catered meals are included. A \$500 deposit is required to reserve space in this unique training program. A one-time, non-refundable application fee of \$35 is also required. Payments may be made by check or money order and should be submitted to:

**Chinese Shamanic Qigong & Taiji  
P. O. Box 42366  
Portland, OR 97242**

**EMERGENCY CONTACT INFORMATION**

First Name	Last Name	Relationship	
Address	City	State	Zip/Postal Code
Home Phone*	Work/Cell Phone*	Fax*	E-mail
International, list country/city codes, hyphenating between. (Country Code-City Code-Number)			

**CANCELLATION AND REFUND POLICY**

In the event of cancellation, refunds will be made as follows:

1. For cancellations made at least 30 days prior to the training session, applicants will be refunded 100% of monies submitted.
2. For cancellations made 10 days (or fewer) prior to the training session, applicants will be refunded 50% of monies submitted.
3. Application fee is non-refundable.

**DIETARY RESTRICTIONS**

Please note any dietary restrictions.

**PERSONAL STATEMENT**

Describe your interest in participating in the Chinese Shamanic Qigong & Taiji Training Program. Please include your previous experience with Qigong, Taiji, and other self-cultivation practices as well as what you hope to gain through your participation in this program.

I certify that all information contained in this application is correct and honestly presented.

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Signature

Date