**Appendix 6 – Form 1**

**THE 3rd EUROPEAN HEALTH QIGONG GAMES &**

**THE 4th EUROPEAN HEALTH QIGONG Scientific SYMPOSIUM**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Country/region |  |
| Name of organization |  |
| Number of participants to Scientific Conference |  |
| Number of teams to Games |  |
| Number of athletes to Games |  |
| Number of participants to health qigong training |  |
| Number of participants to judge instruction |  |
| Accommodation requirement |  |
| Name of the team leader |  |
| Contact of team leader |  |

N.B. Please send the form to the British Health Qigong Association ([info@healthqigong.org.uk](mailto:info@healthqigong.org.uk)) before **15th July 2018**

Applicant . Tell. . E-mail：

Signature of Person-in Charge.

Date. . . 2018

**Appendix 6 – Form 2**

**ENTRY FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES**

Country/Region. Delegation. Leader of the delegation. Coach.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | D.O.B (D/M/Y) | Passport No. | Events | | | | | | | | | |
| Event | Yi Jin Jing | Wu Qin Xi | Liu Zi Jue | Ba Duan Jin | Da Wu | Tai Ji Yang Sheng Zhang | Dao Yin Yang Shang |
| 1 |  |  |  |  | Team |  |  |  |  |  |  |  | |
| Individual |  |  |  |  |  |  |  | |
| 2 |  |  |  |  | Team |  |  |  |  |  |  |  | |
|  |  |  |  | Individual |  |  |  |  |  |  |  | |

N.B.. 1.Please tick ✓ where applicable. 2. This form can be copied.

3. Please send the form to the British Health Qigong Association (infor@helthqigong.org.uk) before 15th July 2018

Contact person . Tel. Fax . E-mail：

Signature of Person-in Charge. Date. . **Appendix 6 – Form 3**

**ENTRY FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES JUDGES TRAINING**

Country/Region. Delegation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | D.O.B (D/M/Y) | Passport No. | Working Experiences | | |
| Competition Name | Competition Venue & Time | Position |
| 1 |  |  |  |  |  |  |  |
|  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |
| 3 |  |  |  |  |  |  |  |
|  |  |  |

N.B.. 1.Please brief you at Working Experiences field. 2. The form can be copied.

3. Please send the form to the British Health Qigong Association (info@healthqigong.org.uk) before 15th July 2018

Applicant . Tell. Fax . E-mail：

Signature of Person-in Charge. Date. .

**Appendix 6 – Form 4**

**ENTRY FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES HEALTH QIGONG TRAINING**

Country/Region. Delegation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | D.O.B (D/M/Y) | Please choose one of the options below (A or B) and stay with your choice | |
| (A) Master class for senior students | (B) Training Seminar open to all levels |
| 1 |  |  |  |  |  |
|
| 2 |  |  |  |  |  |
|
|

N.B.. 1.Please brief you at Health Qigong practice field. 2. The form can be copied.

3. Please send the form to the British Health Qigong Association (info@healthqigong.org.uk) before 15th July 2018

Applicant . Tell. Fax . E-mail：

Signature of Person-in Charge. Date. .

**Appendix 6 - Form 5**

**ENTRY FORM OF THE 4TH EUROPEAN HEALTH QIGONG SCIENTIFIC SYMPOSIUM**

Country/Region. Organization. Team leader.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | Education | Passport No. | Profession | For Symposium |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

N.B.. Please send the form to the British Health Qigong Association (info@healthqigong.org.uk) before 15th July 2018

Applicant . Tell. Fax . E-mail：

Signature of Person-in Charge. Date. . . 2017

**Appendix 6 - Form 6**

**TRAVEL FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES AND**

**THE 4TH EUORPEAN HEALTH QIGONG SCIENTIFIC SYMPOSIUM**

Country/Region. Delegation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Arrival | | | | Departure | | | |
| Flight No. | Arrival Time | Arrival Date | Number of persons | Flight No. | Departure Time | Departure  Date | Number of persons |
|
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

N.B.. 1. the form can be copied.2. Please send the form to the British Health Qigong Association (info@healthqigong.org.uk) before 15th July 2018

Applicant . Tell. Fax . E-mail：

Signature of Person-in Charge. Date. . . 2018

**Appendix 6 - Form 7**

**PAYMENT INFORMATION AND FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES AND THE 4TH EUROPEAN HEALTH QIGONG SCIENTIFIC SYMPOSIUM**

We wish to provide an optimal participant experience. Inclusive of an efficient and secure registration process at arrival.

We kindly request you to promptly fulfill all of the requested payments before arrival via bank transfer. The pre-payments of accommodation, registration tournament, and Conference are as follows.

1. Member organizations of the International Health Qigong Federation and the relevant social organizations are responsible to collect all registration forms of their participants.
2. Member organizations of the International Health Qigong Federation and the relevant social organizations are responsible to collect all payments of their participants.
3. Member organizations of the International Health Qigong Federation and the relevant social organizations are responsible to fill in the Appendix 6 Form 7.
4. Bookings made with full payment before April 30th will enjoy a **10%** reduction on the training and competition fee. Payment should be made to British Health Qigong Association by bank transfer.
5. From 15th July, late bookings will incur additional 10% late booking charge
6. Final payment must reach the Health Qigong Games bank account prior to 15th August 2017.
7. Participants registered after 15th July may take part in the events but shall not be listed in the Program.
8. Bank information.

|  |  |
| --- | --- |
| **Account Name.** | **Health Qigong Games** |
| **IBAN.** | **GB29HBUK40445091811215** |
| **BIC / SWIFT.** | **HBUKGB4159D** |
| **Bank Name** | **HSBC** |
| **Sort code** | **404450** |
| **Account Number** | **91811215** |

**Appendix 6 - Form 7**

**PAYMENT INFORMATION AND FORM OF THE 3RD EUROPEAN HEALTH QIGONG GAMES AND THE 4TH EUROPEAN HEALTH QIGONG SCIENTIFIC SYMPOSIUM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender (M/F) | D.O.B (D/M/Y) | Passport No. | Individual competition  (Prices in £) | Group competition (Prices in £) | Judges Training (Prices in £) | Health Qigong Training (Prices in £) | Scientific Forum (Prices in £) | Farewell  Banquet  (Price in £) | TOTAL  £ |
| 0 | example John | M | xx | xxxxx | - | - | £ 100,00 | £200,00 | N/A |  | £300.00 |
| 0 | example Joan | F | xx | xxxxx | £ 20,00 | £ 30,00 | - | - | £ 20,00 | £35.00 | £105.00 |
| 0 | example Mark | M | xx | xxxxx | - | - | - | - | £ 50,00 |  | £ 50.00 |
| 0 | example Mary | F | xx | xxxxx | - | - | - | £200,00 | £ 0 |  | £ 200 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |

N.B. Please send the form to the British Health Qigong Association (info@healthqigong.org.co.uk) before 15th July 2018