**Appendix 6 – Form 1**

**THE 8TH WORLD HEALTH QIGONG TOURNAMENT AND EXCHANGE**

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

**PRE-REGISTRATION FORM**

|  |  |
| --- | --- |
| Country/region |  |
| Name of organization  |  |
| Number of participants to Symposium  |  |
| Number of teams to tournament  |  |
| Number of athletes to tournament  |  |
| Number of participants to Health Qigong advance classes |  |
| Number of participants to IHQF Judge Course |  |
| Accommodation requirement  |  |
| If there are IHQF Executive board member(s) in your team, please specify the name(s). |  |
| If there are IHQF specialized committee member(s) in your team, please specify the name(s). |  |
| Name of the team leader |  |
| Contact of team leader |  |

Please send it to the Organizing Committee (Tai Chi Australia, 2019@taichiaustralia.com.au) before March 31st, 2019.

Applicant organization:

Tel:

E-mail：

Signature of Person-in Charge:

Date: 2019