**Training Course for International Instructors of Health Qigong·Liuzijue**

****Registration Form****

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| --- | --- | --- | --- | --- |
| Name |  | Nationality |  | （Photo） |
| Gender |  | Date of Birth |  |
| ID. No. |  | Occupation |  |
| Duan degree |  | Language |  |
| Organization |  | Tel./WeChat |  |
| E-mail |  |
| Practice experience of Liuzijue | Years：  | Frequency：□Often □Occasionally □Rarely |
| Have you ever taught Liuzijue: □Yes □No |
| Briefly describe your learning experience, understanding of Liuzijue and the problems you hope to solve in the training course |  |