**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 |  | | | | |