#### endix 7 – Form 1

### Entry Form of The Health Qigong International Forum May 1-6, 2016 Tokyo, Japan

Count	ry/Region: Organization	n:	Team leader:								
No.	Name	Gender	Passport No.		ay 5 mposium	May 1-3 FOR Instruction					
				AM	PM	Theoretical	Wu qinxi	Taiji Stick			
1.											
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N	$\overline{B}$ : 1.Please tick $\sqrt{\text{where applicable}}$	. 2. This form	n can be copied.	•	-		<u> </u>				
	3. Please send the form to ALL 3	Japan Health Ç	igong International	Union and	the Interna	ational Health Qigong	g Federation Secr	etariat			
	The first before 8th, Jan 2016	. The deadlir	ne 30 Mar. 2016								
C	ontact person:	Tell:	Fa	ax :		E-mail:					
Signa	ture of Person-in Charge:					Date: .					

### May 6

# The 1<sup>st</sup> International Health Qigong Performing Arts and Competition Japan Chapter **Entry Form of the Competition**

Country/Region: Organization:			Team leader:									
				Individual competition				Team competition				
No.	Name	Gender	D.O.B (D/M/Y)	Passport No.	Yi Jin Jing	Wu Qin Xi	Liu Zi Jue	Ba Duan Jin	Yi Jin Jing	Wu Qin Xi	Liu Zi Jue	Ba Duan Jin
1												
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N.B.:

3. I lease sella the form to ALL Ja	pan menun Qigong internation	nai Omon and the international	Treatin Qigong rederation secretariat
The first before 8th, Jan 2016.	The deadline 30 Mar. 2016		
Contact person :	Tell:	Fax :	E-mail:
Signature of Person-in Charge:		Da	ate: .

### May 6

# The 1<sup>st</sup> International Health Qigong Performing Arts and Competition Japan Chapter **Entry Form of the Health Qigong Performing Arts**

Country/Region:		Organization:		Team leader:										
					Health Qigong Performing Arts									
No.	Name	Gender	D.O.B (D/M/Y)	Passport No.	Yi Jin Jing	Wu Qin Xi	Liu Zi Jue	Ba Duan Jin	Da Wu	Ma Wang Dui Dao Yin Shu	Shi Er Duan Jin	Dao Yin Yang Sheng Shi Er Fa	Tai Ji Yang Sheng Zhan g	
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3.: 1.F	Please tick $\sqrt{\text{where } a}$	pplicable.	2. This form ca	n be copied.		·	·	·	·					

N.B

3. Please send the form to ALL Ja	pan Health Qigong Internatio	nal Union and the Internation	nal Health Qigong Federation Secretariat
The first before 8th, Jan 2016.	The deadline 30 Mar. 2016		
Contact person :	Tell:	Fax :	E-mail:
Signature of Person-in Charge:			Date: .

### May 4

## Entry Form of The 1st International Health Qigong Performing Arts and Competition Japan Chapter

### **Judge Instruction**

Count	ry/Region:		Delegation	n:							
			D.O.B		Working Experiences						
No.	Name Gender		(D/M/Y) Passport No		Competition Name	Competition Venue & Time	Position				
1											
2											
3											
4											
N	N.B.: 1.Please tick √ wh	ere applica	ble. 2. This for	rm can be copied	1.	,					
	3. Please send the	form to AL	L Japan Health	Qigong Internati	ional Union and the Internati	onal Health Qigong Fede	ration Secretariat				
	The first before	8th, Jan 20	116. The deadl	ine 30 Mar. 2016	5						
C	ontact person :		Tell:		_ Fax :	E-mail:					
Signature of Person-in Charge:					Date: .						

### Appendix 7 – Form 4

# Application Form of Health Qigong Duan Wei System For Overseas Practitioners (1- 3 Duan)

	Country/Region:			Delegation:		
No.	Name	Gender	D.O.B (D/M/Y)		Health Qigong Background th Qigong forms that you have learned be	efore
1						
2						
3						
	The first before 8th,	to ALL Jaj Jan 2016.	pan Health Q The deadlin	igong International Union and the e 30 Mar. 2016	International Health Qigong Federation S	
	ontact person :		1ell:		E-mail:	<del></del>
Signa	ture of Person-in Charge:				Date: .	

#### Appendix 7 - Form 5

### 健身气功对外技术等级申报表(1-3段)

#### Application Form of Health Qigong Duan Wei System For Overseas Practitioners (1- 3 Duan)

#### 编号 (Number):

姓名 Name				性别 S	Sex		
出生年月 Date of Birth		(уууу	y/mm/dd)	国籍 Nationa			照片 Photo
文化程度 Education		·		职业 Occupa			
练习年  Years of pra				所属社 Associa			
电话/传 Tel/Fax N				电子邮箱	E-mail		
联系地址 A	.ddress						
个人简, (经历、业绩、著作 Resum (Experience,ou achievement,Lite	作等) e						
申请段位 Duan to Apply			现有段 Current and Ti	t位及获段时间 t Duan Grading me of Diploma	g a	Duan: Date: (yyyy	/mm/ dd)
申报功法 及考试档次 Form & Degree to Apply	功法 Form 1: 功法 Form 2: 功法 Form 3: 功法 Form 4:						
审批意见 Viewpoints of Examination and Approval			∠ 日 期: of Approval:	(盖章 Stan 年 Year M	mp) 月 Month	日 Date	

Signature of Person-in Charge:

# May 5

N.B.: 1.Please tick  $\sqrt{}$  where applicable. 2. This form can be copied.

The first before 8th, Jan 2016. The deadline 30 Mar. 2016

# The 1<sup>st</sup> International Health Qigong Performing Arts and Competition Japan Chapter Travel Form of Public Lectures on Health Qigong

Country/Region: Delegation: 9:30 - 11:4514:00 - 16:30 Topic: Special Lecture on Ma Wang Dui Topic: Health Qigong and its Medical Effects Name Speakers: Prof. Zheng En LI, Prof. Chang Dao Yin Shu No. CHEN (more TBA) **Speakers:** Prof. Zhen WANG (more TBA) Fee: JPY2,000 **Fee:** JPY4,000 1 2 3 4

3. Please send the form to ALL Japan Health Qigong International Union and the International Health Qigong Federation Secretariat

### Travel Form of the 1<sup>st</sup> International Health Qigong Performing Arts

### and Competition Japan Chapter

Country/Regio	n:				Delegation:						
				Arrival		Departure					
	No.	Flight No.	Arrival Time	Arrival Date	Number of persons	Flight No.	Departure Time	Departure Date	Number of persons		
N.B.: 1.1	Please 1	tick √ where ap	plicable. 2	. This form car	n be copied.			l			
3.	Please	send the form	to ALL Japai	n Health Qigor	ng International Uni	on and the Interna	ntional Health Qig	ong Federation	n Secretariat		
The first before 8th, Jan 2016. The dead					) Mar. 2016						
Contact po	erson :		T	ell:	Fax :		E-mail:				
Signature of I	Person-	-in Charge:					Date: .				