

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

Country/Region:

Organization:

Team leader:

| No. | Name | Gender | Passport No. | May 5 For Symposium | | May 1-3 FOR Instruction | | |
|-----|------|--------|--------------|------------------------|----|----------------------------|----------|-------------|
| | | | | AM | PM | Theoretical | Wu qinxi | Taiji Stick |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

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

3. Please send the form to ALL Japan Health Qigong International Union and the International 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 6

The 1st International Health Qigong Performing Arts and Competition Japan Chapter

Entry Form of the Competition

Country/Region:

Organization:

Team leader:

| No. | Name | Gender | D.O.B (D/M/Y) | Passport No. | Individual competition | | | | Team competition | | | |
|-----|------|--------|------------------|--------------|------------------------|-----------------|------------------|-------------------|-------------------|-----------------|------------------|-------------------|
| | | | | | 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 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

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Contact person : _____ Tell: _____ Fax : _____ E-mail: _____

Signature of Person-in Charge:

Date: .

May 6

The 1st International Health Qigong Performing Arts and Competition Japan Chapter

Entry Form of the Health Qigong Performing Arts

Country/Region:

Organization:

Team leader:

| No. | Name | Gender | D.O.B (D/M/Y) | Passport No. | Health Qigong Performing Arts | | | | | | | | |
|-----|------|--------|------------------|--------------|-------------------------------|--------------|---------------|-------------------|----------|--|--------------------------|---|--------------------------------------|
| | | | | | 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 |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |

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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

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 | | | | | | | |
| 4 | | | | | | | |

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

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 Please list the Health Qigong forms that you have learned before |
|-----|------|--------|------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

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

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

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 Sex | | 照片 Photo |
| 出生年月 Date of Birth | (yyyy/mm/dd) | 国籍 Nationality | | |
| 文化程度 Education | | 职业 Occupation | | |
| 练习年限 Years of practice | | 所属社团 Association | | |
| 电话/传真 Tel/Fax NO. | | 电子邮箱 E-mail | | |
| 联系地址 Address | | | | |
| 个人简历 (经历、业绩、著作等) Resume (Experience,outstanding achievement,Literature.etc) | | | | |
| 申请段位 Duan to Apply | | 现有段位及获段时间 Current Duan Grading and Time of Diploma | 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 | (盖章 Stamp) 审 批 日 期: 年 月 日 Date of Approval: Year Month Date | | | |

Appendix 7 - Form 6

May 5

The 1st International Health Qigong Performing Arts and Competition Japan Chapter Travel

Form of Public Lectures on Health Qigong

Country/Region:

Delegation:

| No. | Name | | 9:30 – 11:45 | 14:00 – 16:30 |
|-----|------|--|--|---|
| | | | Topic: Health Qigong and its Medical Effects Speakers: Prof. Zheng En LI, Prof. Chang CHEN (more TBA) Fee: JPY2,000 | Topic: Special Lecture on Ma Wang Dui Dao Yin Shu Speakers: Prof. Zhen WANG (more TBA) Fee: JPY4,000 |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

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

Appendix 7 - Form 7

**Travel Form of the 1st International Health Qigong Performing Arts
and Competition Japan Chapter**

Country/Region:

Delegation:

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

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

Contact person : _____ Tell: _____ Fax : _____ E-mail: _____

Signature of Person-in Charge:

Date: .