



Qinway Free Group Healing Workshop

REGISTRATION

Date:

Name		Sex		Birthday	
Address				City, Zip	
Phone			E-mail		
Social Chart ID			Website (if)		
Marriage			Education		
Career/Salary			Religion		
What kind of major healthy problems do you have?					
What kind of natural healing methods have you practiced?					
How did you hear about this event?	<input type="checkbox"/> Friend. Who? <input type="checkbox"/> Internet <input type="checkbox"/> Other. What?				