

Alternative Care Solution Wellness Center

Events Registration

First Name:	Last Name:
Home Address:	
City:	Zip code:
Home phone:	
Cell Phone:	
E-mail Address:	
Emergency contact:	Phone:

Credit Card Information

Card Holder Name: _____ Total : \$ _____

Credit Card # : _____

Expiration Date: _____ CVV#: _____ Zip Code: _____

Event you are interested

Event Name	Date	Investment		
		Per person	For Two	Current Student
Weekly Qigong Practicing Class	Every Friday Start on 3/4/16	\$20.00	\$30.00	\$10.00
Qigong For Healer	2/27/16 or 5/21/16	\$120.00		
Stress Management w/ Self Acupressure	3/19/16 or 6/18/16	\$30.00	\$50.00	
Infant Massage for New Parents	4/19/16 or 10/8/16	\$60.00	\$100.00	
Special Yin Qigong for Female Health	4/15/16 or 11/4/2016	\$50.00	\$80.00	

Event you like to attend: _____ Date of the event: _____

Second person name: _____ Total investment amount: _____

Make Check Payable To: Alternative Care Solution

Signature: _____ **Date:** _____

By signing this form, I have stated all information above is true and accurate to the best of my knowledge.
 I understand that there will be no refund after 30 day of registration
 You can send this Registration form to Alternative Care Solution @ 3790 28th ST SW Suite B, Grandville Mi 49418
 E-mail the registration form to www.altcaresolution@gmail.com