

Qigong Beginner 12 months Program 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: _____

Investment: (Circle One)

\$65 per class (Drop In)

Pay in full :	15% Off	\$663 one payment	You Save \$117
Pay Six months:	10% Off	\$351 two payments	You Save \$58.5
Pay Three months:	5% Off	\$185.25 four payments	You Save \$39

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 from to Alternative Care Solution @ 3790 28th ST SW Suite B, Grandville MI 49418

E-mail the registration from to www.altcaresolution@gmail.com

Qigong Beginner 12 month Class

Location: 3790 28th ST SW, Suite B. Grandville MI 49418

Phone #: 616-419-6924

Class Start Date: 1/28/16 (Thursday)

Start Time: 6:30pm - 8:00pm

Supplies you need during class

Wear loose comfortable clothing

Do not eat a big meal one hour before class

Sitting Qigong class please bring a cushion for sitting

Laying Qigong class please bring a yoga mat for lay down