Registration Form				☐ Spring ☐ Summer ☐ Fall ☐ Winter Session: 2011			
Name:					ale		Date:
Street Address:				•			
City:				State:	Zip:		
Telephone: Email:							
Course Information	Course #	Time	Day/Date	Tuition	1 tom cranadore		Balance due at 1 st Class (except Early Bird)
Directions for Mail-in Payable to: Chinese I							
This fo	orm may be dupl		nave questions, please aler@aol.com. There			203-748-8	107 or
Mail-			2 weeks before Workshright to cancel a course if			/Winter- Ses	ssion.
ververy aibaalar aam				_		Di	hone: 202 748 8107

www.qihealer.com 73-3 Great Plain Road, Danbury CT 06811

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