****报名表****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 |  | | （照片） |
| 出生年月 |  | 护照号码 |  | |
| 所属国家 |  | | | |
| 所属组织名称 |  | | 担任的职务 | |  |
| 联系地址 |  | | | | |
| 联系电话 |  | | 邮箱 |  | |
| 个人简历 |  | | | | |
| 组织概况 |  | | | | |
| 健身气功  推广计划 |  | | | | |

组织（或机构）盖章并本人签名： 2018年 月 日

**报名表 Application Sheet**

**（请清晰填写 *please fill out clearly*）**

**个人信息 PERSONAL INFORMATION :**

姓 SURNAME\_\_\_\_\_\_\_\_\_\_ 名 GIVEN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 性别(M/F)\_\_\_\_\_\_\_\_

出生日期 DOB\_\_\_\_\_\_\_\_\_\_ 国籍 NATIONALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

护照号码 PASSPORT No. \_\_\_\_\_\_\_\_\_\_\_ 电子邮箱 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

电话/手机 TEL./ MOBILE No. (\_\_ \_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

地址 ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_城市 CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

省份 PROVINCE\_\_\_\_\_\_\_\_\_\_\_\_\_国家 COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_ 邮编 ZIP CODE \_\_\_\_\_\_\_\_\_

掌握何种语言 LANGUAGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

是否接触过气功教学与推广？Have you had any Health Qigong popularization or education experience before? □是Yes.□否No.

如果接触过，是什么时间在哪里，请简要描述。If yes, when/where?

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有何气功推广计划？ Do you have any popularization plan in mind?□是Yes□否No

如有，请简要描述。If yes, please describe briefly.

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**紧急联系人 Emergency Contact:**

姓名 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 电话 TEL. (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

地址 ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**现任公司/组织简介 Employment Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 公司/组织 | 职务 | 地址 | 电话 |  |
|  | Company/Organization | Position | Address | TEL |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Filling the form in Chinese is preferable.**  **建议有条件的报名者用中文填写报名表。** | | | |  |