## ANNEX 4

# 5TH EUROPEAN HEALTH QIGONG SEMINAR FOR SENIOR INSTRUCTORS & 5TH EUROPEAN HEALTH QIGONG SCIENTIFIC SYMPOSIUM

**ENTRY FORM FOR PARTICIPANTS**

Name o organization：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NO. | NAME | GENDER | DATE OF BIRTH | EDUCATION | HEALTH QIGONG PROMOTION EXPERIENCE | LANGUAGE OF TEXT BOOK | | | | |
| ENGLISH | GERMANY | FRENCH | SPANISH | PORTUGUESE |
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N.B.：1.please indicate the health qigong promotion experience including the latest research result, number of students. etc.；

2. Participating organization shall send its Registration Form of seminar participant(s) to FIWuK via email before 19th of May, 2019.

Contact person： contact telephone：

Mobile phone： E-mail：

Signature of the head of organization: Date:

附件4

**第五期欧洲健身气功师资骨干培训班暨第五届欧洲健身气功科学论坛**

**培训班报名表**

社团组织名称：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓 名 | 性别 | 出生日期 | 学历 | 健身气功教学工作经历 | 五禽戏、十二法健身气功教材需求  （每人1套，在所需语种处划“√”） | | | | |
| 英文 | 法文 | 德文 | 西班牙文 | 葡萄牙文 |
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注：1.在教学工作经历栏内简要介绍从事教学工作经历，包括健身气功科研及自有学员数量等；

2.此表须于2019年5月19日前提交意大利武术功夫联合会(FIWuK)

填报人： 联系电话： 手 机： E-mail：

组织负责人签名： 填 报 时间：2019 年 月 日