



## REGISTRATION FORM

Name .....  
 Address .....  
 Email .....  
 Phone Number .....  
 Birthday (Hour, Date/Month/Year) (\_\_\_\_\_, \_\_\_/\_\_\_/19\_\_\_)

### Classical Fengshui Courses (Please tick):

- |  |   |
|--|---|
| <input type="checkbox"/> Face Reading (Mian Xiang)                 | <input type="checkbox"/> Face Reading (Mian Xiang)                          |
| <input type="checkbox"/> Palm Reading (Shou Xiang)                 | <input type="checkbox"/> Basic Science Fengshui                             |
| <input type="checkbox"/> Fengshui for home/apartment buyer         | <input type="checkbox"/> San Yuan Flying Star Fengshui (Xuan Kong Fei Xing) |
| <input type="checkbox"/> Date Selection (Xuan kong Ze Ri)          | <input type="checkbox"/> 64 Hexagram (Xuan Kong Da Gua)                     |
| <input type="checkbox"/> Basic Ba Zi                               | <input type="checkbox"/> Intermediate Ba Zi                                 |
| <input type="checkbox"/> Advance Ba Zi                             | <input type="checkbox"/> Basic Zi Wei Dou Shu                               |
| <input type="checkbox"/> Intermediate Zi Wei Dou Shu               | <input type="checkbox"/> Advance Zi Wei Dou Shu                             |
| <input type="checkbox"/> Plum Blossom Divination ( Mei Hua Yi Shu) |   |

With this I hereby declare that all the information above is true, and I want to participate the selected course on desired date. I will follow all the rules and regulation.

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(.....)