

The  
**TEACHING RESEARCH  
INSTITUTE**

*Qigong Sensory Training 2:  
Trainer Qigong and QST Dual Program*

**Registration Form**

You must complete both the Registration Form and the Authorization Form if you are paying by credit card.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Shoe size (you will be given a pair of qigong shoes): \_\_\_\_\_

Please initial each prerequisite that you meet. If more space is needed to complete this section, please attach an additional page.

\_\_\_\_\_ I am healthy, energetic, and taking little or no chronic medication. (The reason for this requirement is that Qigong Sensory Training utilizes the energy, intention and sensibility of the QST trainer. According to Chinese medicine, chronic illness and chronic medication decrease a person's overall energy and sensitivity, and thus the resources they bring to bear in working with QST.)

\_\_\_\_\_ I am an occupational therapist, physical therapist, or autism specialist by profession.  
Please specify: \_\_\_\_\_

\_\_\_\_\_ I have at least two years experience working with young children (under age six) on the autism spectrum.

Describe the work you have done with young children on the autism spectrum:

List two references for your work with young children on the autism spectrum:

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I certify to the truth and accuracy of the information provided on this registration form. I understand that if it is found that the information provided in this section is not accurate, I may not be eligible to receive a graduation certificate for this course.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Please initial each of the following statements to signal your agreement and understanding of the responsibilities you will have as a participant of this training:**

\_\_\_\_\_ Recruit a family with a child that meets the eligibility criteria to participate in the training. (Visit <http://www.qsti.org/eligibility.html#children> for eligibility criteria.) Note: The family will be charged \$325 for treatment services during the training. (See <http://www.qsti.org/QST2childregform.pdf> for child registration form.)

\_\_\_\_\_ Attend all sessions of the training, as follows. The meeting time for all of the dates below, except for the online conferences, will be 8:00 a.m. to 5:00 p.m. All sessions will be held in Portland, Oregon, unless otherwise noted. Besides these dates listed, you will also individually schedule 14 other treatment sessions.

February 5-7 in Salem, Oregon  
February 13-14  
February 20, 27, and March 6  
March 13 via online conference from your home computer  
April 17 and May 1  
May 15 via online conference from your home computer  
June 19

\_\_\_\_\_ Collect pre- and post-test data for the child with which you are working.

\_\_\_\_\_ Complete 20 treatment sessions with the child /family with which you are working. (This includes the scheduled supervision sessions.)

Registration Fee: \$890 per person

Method of Payment (check one):

- Check** (Payable to: Teaching Research Institute)
- Purchase Order**: P.O.# \_\_\_\_\_
- Credit Card** (complete Authorization Form)

Six continuing education units (CEUs) will be available through Western Oregon University. Payment for the CEUs is separate from the registration fee. The cost is \$25. Payments for CEUs will be collected during the course.

The training is limited to twenty participants. Classes will be filled on a first-come, first-served basis. To hold a spot in the class, full payment is required.

Refunds of the full registration fee will be honored up to two weeks before the start of the training. After that date, refunds will not be given.

Registration Deadline: **Two weeks prior to the first day of the session**

Questions? Please contact Kris Gabrielsen at kris@qsti.org or 503.474.0218

**PLEASE SEND ONE FORM PER PERSON, WITH PAYMENT TO:**

*Cindi Mafit • Teaching Research Institute • Western Oregon University  
345 N. Monmouth Avenue • Monmouth, OR 97361  
Or fax to 503.838.8812*

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## Credit Card Authorization Form

You must complete both the Registration Form and the Authorization Form if you are paying by credit card.

Please charge my credit card in the amount of \$ \_\_\_\_\_ for registration to the *Qigong Sensory Training 2: Trainer Qigong and QST Dual Program training*.

Name of registration attendee: \_\_\_\_\_

### BILLING INFORMATION:

Your name (as it appears on your credit card): \_\_\_\_\_

Type of credit card:  Visa  MasterCard  Discover

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code (3-digit code on back of card): \_\_\_\_\_ Expiration Date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

### BILLING ADDRESS:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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