

### 3 – APPLICATION INSTRUCTIONS:

#### A. Sheng Zhen Teacher Participants:

1. Fill out the Application Form (**see the last two pages of this document**)
2. Send your completed Application, Letter of Recommendation [LOR] (if first TT) and Letter of Intent [LOI] \*\*  
**\*\* We will reply within two weeks once we receive your email to confirm if your application has been accepted. Submit on or before July 1, 2017 to secure a place.**
3. Once your application has been accepted, **follow the Payment Procedure** that we will send later. Deadline of full payment is **August 15, 2017.**

#### B. Sheng Zhen Seminar Participants:

1. Mindful of the prerequisite for Seminar Participants mentioned previously, proceed to fill out the Application Form on the next page.
2. Send your completed Application, Letter of Recommendation [LOR] and Letter of Intent [LOI] \*\* on or before **July 1, 2017**. Your name will then be put on a waiting list.  
  
If your application is approved and there is availability, you will be contacted no later than before **July 1, 2017** by email.
3. Once your application has been accepted, **follow the Payment Procedure** that we will send later. Deadline of full payment is **August 15, 2017.**

**Please send Application form, LOR and LOI to: [dina.shafir@gmail.com](mailto:dina.shafir@gmail.com)**

**\*\* You will receive a confirmation of acceptance to join the TT within 2 weeks.**

#### HOW TO PAY ?

##### Payment process:

Please send the fee **before August 15**. The fee of **\$ 1870** (3 in room ) **or \$ 2010** (double room ) **or \$ 2150** (single room) **or \$ 1420** (no lodging) should be sent to:

**Europeans:** may pay either to the American Sheng Zhen account **or** to the Manila Sheng Zhen US\$ account **or** Sheng Zhen € Euro account.

**Israeli :** may pay either to the American Sheng Zhen account **or** to the Manila Sheng\_Zhen US\$ account.

**Americans** may pay to the American Sheng Zhen account .

\* Please Email:

- **Application Form (the following pages of this document)**
- **(LOR) Letter of Recommendation**
- **(LOI) Letter of Intent,**

**and any questions to [Dina Shafir](mailto:Dina Shafir) at : [dina.shafir@gmail.com](mailto:dina.shafir@gmail.com)**

# APPLICATION - REGISTRATION FORM

Please complete this form and submit it on or before **1.7.2017**,  
and send it to: [dina.shafir@gmail.com](mailto:dina.shafir@gmail.com)

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

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

\_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Website: \_\_\_\_\_

Please check ONE: I am applying as \_\_\_\_\_ a Cert. Sheng Zhen Gong Teacher  
\_\_\_\_\_ a Sheng Zhen Teacher in Training  
\_\_\_\_\_ a Sheng Zhen Seminar Participant

## **For First, Second & Third time participants to TT**

1. When did you first start Sheng Zhen Gong? \_\_\_\_\_

2. How long have you practiced Sheng Zhen Gong? \_\_\_\_\_

3. Who is your current Sheng Zhen Gong teacher? \_\_\_\_\_

4. Have you studied:

- Gathering Qi and Awakening the Soul? \_\_\_\_\_
- SZ Healing Gong 1&2? \_\_\_\_\_
- Union of 3 Hearts and 9 Turns? \_\_\_\_\_

And either:

- Heaven Earth Gong and Heart Spirit as one? \_\_\_\_\_
- Or :
- Heart Mind as One and Listening to the Heart? \_\_\_\_\_

5. How many hours of classes/workshops have you attended, with Master Li Jun feng? \_\_\_\_\_  
With Li Jing? \_\_\_\_\_ with a SZ teacher? \_\_\_\_\_ on the internet/video? \_\_\_\_\_

6. Have you met Master Li or Jing Li? If yes, when? \_\_\_\_\_

7. When and where was your first TT? \_\_\_\_\_

8. How many TT have you attended? \_\_\_\_\_

**For Teachers in Training Participants (non-certified):**

9. How many Sheng Zhen Gong classes are you teaching weekly? \_\_\_\_\_  
Yearly? \_\_\_\_\_

10. How many total hours of Sheng Zhen Gong teaching have you accumulated during the last 2 years? \_\_\_\_\_

**For Certified Teachers:**

11. What year were you first certified as a Sheng Zhen Gong teacher?

12. How many TT have you attended since your certification?

13. How many hours of teaching have you done?

14. How many weekend seminars have you taught?

15. What volunteer work have you done for SZ?

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**Medical Questions:**

1. Please list any medical problems or needs that we need to be aware of,

\_\_\_\_\_  
\_\_\_\_\_

2. Please list any physical limitations. \_\_\_\_\_

\_\_\_\_\_

3. Emergency contacts (name and phone number). \_\_\_\_\_

Please be self aware and mindful that this is a nine-day intensive. The training can be physically and emotionally challenging at times. If you have a serious medical condition (this is defined as psychological or physical), it is important that we know about it before hand. Please be advised that there is no medical staff on hand to handle emergencies, and all emergencies will be turned over to the appropriate local medical professionals.

Thank you for your understanding.

My diet is:  Vegetarian,  Regular diet,  Gluten free,  Wheat-free,  Dairy-free

Other dietary limitations: \_\_\_\_\_

Do you snore?  Yes  No

Are you early to bed or a night owl?

I wish to room with: \_\_\_\_\_