

Tao Garden Health Spa & Resort

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Seminars, Workshops, and Guests Registration Form

Personal Info	Male Female	
	First Name	
	Last Name	
	Home Address	
	Zip Code City	
	State /Country	
	Continent	
	Email	
	Telephone Number	
Guest Types Guest Student UHT Instructor / Practitioner Visiting Practitioner 1st time 2nd time 3rd time 4th or more time		
Personal Deta	ils Profession Date of Birth	DD/MM/YY
How did you g know us?	et to Tao Garden's Website Social Network By Mantak Chia's Website By Friend By Mantak Chia's Book Referral from UHT Instructor or Practitioner Others	
Interest in? Detox Program/Fasting Program/Weight Loss Program Stress Relief Program Chronic Pain management Program Healing Therapy Massage Tao Signature Therapy Courses by Master Chia Courses by instructor		
Health info. Please provide information regarding any known allergies you may have.		
Immigration Data Passport No.		
Payment Meth	od Cash JCB Visa Amex Master Paypal	
Room Information Arrival Date		
	Departure Date	
Guest Signatur		