

## Individual Remote Healing With Grandmaster Qin

## **Registration Form**

Qinway Spiritual Healing Institute

Apply by:	M	D	Υ
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Name	Se.	K	Birth Day & Age	Education	
Address		•	•		
Phone	E-	mail		Marriage	
Job	Re	ligion		Have children?	
Major purpose for healing (major diseases)					
What else you want Grandmaster know the detall?					
Who lives with you together?					

Major family members & their health status					
Have any training in Reiki, Qigong, Taiji, Yoga, etc?					
Do you have any experience with Qinway workshop, retreat or products?					
Your diet	<ul><li>Both meat and vegetarian</li></ul>	Your bowel movements		□ Irregular □ Regular.	
	□ Vegetarian			<ul><li>Dry stool</li><li>Wet stool</li><li>In between</li></ul>	
Body Temperature	□ Cold □ Neutral □ Hot	Weight Height		Sleep Quality	□ Good □ average □ Bad
Are you on medication? What medicine?	1100				<u> </u>
How did you hear about Qinway					
Comfirming Individule Remote Healing System	Have you paid? If you have comfirmed that, please send it by email, and Grandmaster will immediately start to connect you with high being energy healing system, and she will start do more detailed invisible preparation work for you. The registration fee is non refundable.  Love & Best Wishes!				
	930@qinway.org www.qinway.org				