

Chinese Healing and Martial Arts workshop with George Ling Hu January 13th-15th, 2012, Bozeman, MT

Hosted by Bozeman Chinese Martial Arts: Michael Wiseman
P.O. Box 5
Bozeman, MT 59771
mwiseman@wisearchitect.com
(406) 581-4473

Location & Times Session 1: Push Hands: Friday, Jan 13th, 5:30pm-7:30pm: Health Balance
2030 Stadium Drive, Bozeman, MT 59715

Session 2: Qigong: Jan 14th, 10:00am-12:30pm: Martial Arts Center, Inc
210 S. Wallace, Bozeman, MT 59715

Session 3: Bagua Zhang 1: Jan 14th, 2:00pm-5:00pm: Martial Arts Center, Inc
210 S. Wallace, Bozeman, MT 59715

Session 4: Basic Acupressure: Jan 14th, 6:30pm-8:30pm: Aspen Ark Yoga Studio
3945 Cascade Street, Bozeman, MT 59718

Session 5: Bagua Zhang 2: Jan 15th, 8:30am-11:30am: Martial Arts Center, Inc
210 S. Wallace, Bozeman, MT 59715

Tai Chi Review Session: Time TBD, open to current students only

Fees One session only = \$50. Multiple sessions = \$45 each.
Space is limited to 24 participants, and spaces will only be held for paid participants.
Registration at the door will be accepted, space permitting.

Name: _____

Home Address: _____

Country: _____ E-mail: _____

Phone #: _____ Daytime Phone #: _____

Check Sessions Attending:

- Session 1: Push Hands Session 2: Qigong Session 3: Bagua Zhang 1
 Session 4: Acupressure Session 5: Bagua Zhang 2 Tai Chi Review Session

Total Cost: Number of Sessions _____ Amount Due \$ _____ (Checks made out to Mike Wiseman)

Important Notice: *Only you are responsible for yourself and for those with whom you train. Neither the seminar leader nor the host is accountable for your actions. If you hurt yourself or others during this seminar, or if you are hurt by others, you are to blame and must accept the responsibility.*

I, the undersigned, have read and understand the above notice. I release the Organizers, Hosts and instructors of any responsibility for any injury that may occur at any time during the Seminar.

Signature _____ Date _____