



INTERNATIONAL HOLISTIC TOUCH INITIATIVE

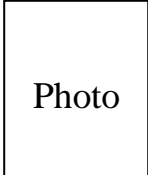
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Website: www.tanmanho.com/ihti/index.htm

Holistic Health Practice Program Participation

Registration Form



Name of Applicant: _____

Sex: _____ Date of Birth: _____ Nationality: _____

Identity Card /Passport No. _____

Address: _____

Tel: _____ Fax: _____ HP: _____

E-mail _____

Relevant Qualification: _____

Main work experience, occupation and/or number of years:

Please indicate subject field(s) registered:

1. _____

2. _____

3. _____

4. _____

5. _____

TERMS & CONDITIONS

1. IHTI reserves the right to dismiss a participant from the program, without refund of module fees should the participant demonstrate unsatisfactory conduct detrimental to the organization.
2. I certify that I am generally in good health and am capable of participating in the program, and that the information I have given is true and factual.

Please indicate any food allergies, physical and mental disabilities, injuries or requirements here:

RELEASE OF LIABILITY

I hereby release and hold harmless International Holistic Touch Initiative (IHTI) of Fourthway ManHo Center (FMC) and its staff from any liability on property due to accident or damage to person caused by me during the conduct of the seminars, professional image builders and practicum-apprenticeship workshop.

I confirm that I did not conceal or hide any medical information about my health that will cause liability to FMC

Enclosed is a Check/Bank Draft/Money Order/Online Banking Payment/PayPal for **RM100.00** (local) and **RM200.00** (International) as a deposit for registering as participant into the Applied Holistic Health Practice Program. This fee is non-refundable.

Signature:

Approved by (Signature):

.....
Applicant Name:

.....
Name:

.....
Date of Application:

.....
Designation:

.....

.....
Date of Approval:

.....

Note

1. Please consult our program counselors before registration. Scanned a signed copy and send by email attachment or 2 signed copies and send by post.
2. Prior to the commencement of any module component, you will be requested to pay the full module component fee.
3. If in doubt, please contact Professor Dr. Tan Man Ho for confirmation and verification
Mobile: +6012-245 5127