

Registration Form

Personal Particulars

Name : _____ Age : _____ Sex : _____

Address : _____

Tel No : _____ Fax No : _____ Email : _____

How did you know about this Health Retreat? (Tick (✓) where appropriate)

I am a member _____ (NL Membership No.)

Through _____ (Name of Friend/Relative)

Other means (please specify) _____

Medical History (Please attach medical report – if any)

Do you suffer from any physical ailments or any physical complaints? Yes No

If yes, please specify: _____

What medication are you currently taking? : _____

For Early Bird Only – Application received before 30 April 2011:

Participants	Rates	Amount
DRP participant (5D4N)	Single occupancy RM3,188 or S\$1,328	
	Twin sharing RM2,588 or S\$1,080	
Family member (Non DRP participant) (5D4N) Name : _____ Age : _____ (M/F)	RM800 or S\$340	
TOTAL PAYMENT		

Regular – Application received on or after 30 April 2011 (closing date: 15 May 2011):

Participants	Rates	Amount
DRP participant (5D4N)	Single occupancy RM3,500 or S\$1,465	
	Twin sharing RM2,900 or S\$1,208	
Family member (Non DRP participant) (5D4N) Name : _____ Age : _____ (M/F)	RM900 or S\$380	
TOTAL PAYMENT		

Fill this portion if it is Twin Sharing

I would like to share room with _____

I leave it to the Organiser to arrange. I understand that if the Organiser is unable to find another person to share the room with me, I agree to take the single occupancy.

Terms & Conditions:

- (1) NewLife™ International (NLI) reserves the right to postpone or make changes to event dates and/or times should extenuating circumstances arise.
- (2) Non-refundable travel bookings are made at the risk of the attendee and NLI bears no responsibility for any loss of funds.
- (3) The information you have given is honest and complete, and you have not withheld any information regarding your physical or medical condition.
- (4) This registration is subject to the acceptance by NLI and you will receive a full refund if the registration is rejected.
- (5) NLI will send you a confirmation email after you have submitted your application and made full payment. Your application will not be processed unless full payment is made.
- (6) If cancellation is made before 31 May 2011, you will be refunded 50% of the total fees. There will be no refund for cancellation after 31 May 2011.
- (7) An administration fee of RM200 may be incurred for any changes made within 1 month (30-days) of the confirmed Health Retreat. Changes are subjected to approval by the management.
- (8) The registration is transferable. However, the new application is subject to the approval of the Organiser.
- (9) This Health Retreat is conducted in English.
- (10) NewLife™ reserves the right to change the terms & conditions without prior written notice.

Payment Information (Please tick (✓) where appropriate)

I enclose the payment by cheque / bank draft made payable to "TOTAL REACH MARKETING SDN BHD"

For Malaysians :
Cheque / Bank Draft No. : _____ for RM _____

Please charge the aforementioned amount of RM _____ / S\$ _____ to my credit card as below:

Card Type : Visa Master Card
 Card Holder's Name : _____
 Credit Card No. : _____
 Expiration Date : _____

(Signature)

Date : _____

Submit Your Registration:

Before submitting your registration form please ensure you have completed each section:

Please post, email or fax this application form to the following staff in charge:-

IBO Support (PJ) – Tel: +60 3 7877 6500 / Fax: +60 3 7875 9680 / Email: leong@newlife.com.my
 Ms Janet (Kuching) – Tel: +60 82 252 972 / Fax: +60 82 257 982 / Email: kuching@newlife.com.my
 Ms Hee (Kota Kinabalu) – Tel: +60 88 246 010 / Fax: +60 88 246 405 / Email: kktrm@newlife.com.my
 Mr. Vincent (Singapore) – Tel: +65 6747 3986 / Fax: +65 6745 2713 / Email: spore@newlife.com.my