

Registration Form

Community Instructor Training Workshop at Oregon Research Institute

Workshop date (please select one from the list shown on the website):

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

E-mail: _____

Current Profession: _____

Organization: _____

Years of teaching exercise programs with older adults: _____

Experience with Tai Ji Quan: Yes [] No []

Are you a certified fitness or exercise instructor? Yes [] No []

If Yes, by which organization (e.g., ACSM, ACE, NETA): _____

Note: Please register three weeks before the scheduled workshop date and send the form to your TJQMBB trainer. Thank you.