



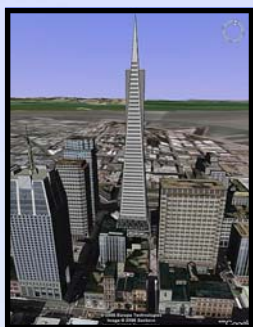
2009 Guang Ping Yang Conference Registration Form

COMING HOME

The Guang Ping Yang Tai Chi Association is proud to announce for the first time the combination of the Annual Tai Chi Conference with the Annual Memorial to Kuo Lien Ying in one exciting weekend. Come join us!

San Francisco State University

June 19-21, 2009



PRESENTERS:

- Y.C. Chiang—*Lecture*
- Henry Look—*Hsing Yi Application*
- Madam Hui Liu—*Dayan Qigong*
- Don & Cheryl Lynne Rubbo—*Cultivating Power (Extraordinary Practice for Extraordinary Times)*
- Randy Elia—*Fa Li (will, intention & spirit inside Tai Chi & Hsing Yi)*
- Paul B. Taylor—*Zong Ding (Study of Equilibrium in a 2 Person Drill)*
- Marilyn Cooper—*Pushing Hands (Peter Kwok/Kuo Lien Ying's influences)*
- Dr. Richard Vogel—*The "Ki" to a Lasting Marriage*
- Valarie Prince Gabel—*Time for Healing (Taoist Mind & Body Medicine)*
- Robert Bergman—*Taoist "Three Essentials"*
- Eric Lelaquais—*TuiShou Workshop*
- Randall Fung—*Video of Kuo Lien Ying*

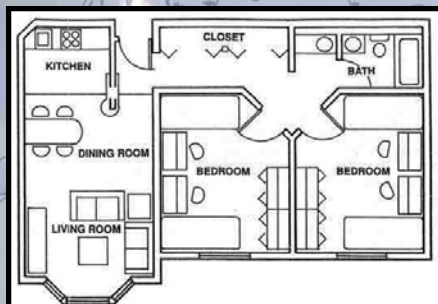
Note: Workshops and Schedules Subject to Change

LODGING: Tower at Centennial Square

Located in a 15-story apartment building, each of the fully furnished, two-bedroom and one-bedroom apartments has a kitchen, living/dining area, and bathroom. Each bedroom has two beds. The units do not include kitchen utensils or cookware, but do have microwave ovens and full refrigerators. There are laundry facilities, a lounge and a vending area in the lobby. All sleeping rooms have complementary Ethernet connections. A limited number of "mobility-impaired" rooms are available. Each bedroom is provided with: Bed Linen, Blanket, Coverlet, Mattress pad, Pillow & Pillow case, Bath Towels, and Soap.



1 Bedroom



2 Bedroom

Mail Registration to:
GPYTCA Conference 2009
c/o Nick D'Antoni
962 Hobson Street
Walla Walla, WA 99362-2479

Application and more details at
www.GuangPingYang.org

Contact Information for person submitting the form: The individual submitting this form is responsible for coordinating all details regarding the registrations covered herein, ensuring the accuracy of all the information provided to the Association, and assumes responsibility for the payment in full of all associated fees. *(please print legibly in blue or black ink)*

Last Name: _____, First Name: _____, Middle Initial: _____
 Address: _____, City: _____, State: _____ Zip: _____
 Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____ email: _____

Conference Details:

	<u>Members</u>	<u>Non-Members</u>
Cost per Individual Full Conference Registration:	\$285	\$350
Cost per Individual One-Day Registration:	\$175	\$200

(Conference Banquet (Sat. Night) for One-Day Registration Participants only is \$28.00 additional)

Note: The cost of registration includes chartered transportation to and from the Kuo Memorial in Portsmouth Square, downtown on Sunday morning. However, you must indicate the number of registrants covered on this form who wish to ride the charter in the space provided below. ** This will ensure an accurate count so that adequate seating can be assured. Also, the full (2 day) conference registration includes free Saturday Night Dinner before the Annual Membership Meeting.

Number and names for **"Buy 5, Get 6th Free"** Group Registration discount, Full Conference Only! You may mix Members and Non-Members to make up the required number for this discount. Payment in full for the entire group MUST accompany this registration form.

Conference Registration:

(Check all boxes that apply)

Full Name	Phone Num. or Email	CONFERENCE				Charter Bus Kuo Memorial** (Sunday) No Charge	Saturday Dinner One Day Participants Pay 28.00	Meal Preference Sat. Dinner		TOTAL Cost Per Person
		Members 1 Day 175.00	Full 285.00	Non-Members 1 Day 200.00	Full 350.00			Veg.	Non-Veg.	
Self ^(above) : _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ FREE

Lodging: Tower at Centennial Square

For Group Registrations you may submit information and pay for lodging on separate forms, one (1) form for **up to three rooms**. Cost per night for each room is fixed at **\$98.00/night**. These rates are regardless of single or double occupancy. **Full payment for each room must accompany the registration form.**

ROOM 1: Your Name _____ Roommate _____
 Number of Nights: Thur. Fri. Sat. \$98/night X _____ nights = \$ _____

ROOM 2: Name _____ Roommate _____
 Number of Nights: Thur. Fri. Sat. \$98/night X _____ nights = \$ _____

ROOM 3: Name _____ Roommate _____
 Number of Nights: Thur. Fri. Sat. \$98/night X _____ nights = \$ _____

Grand Total Amount Due:

\$ _____.

Method of Payment: Check Money Order or Credit Card: Visa MasterCard Discover

CC Information: CARD NUMBER: _____ Expiration Date: ____/____

NAME ON CARD: _____ Signature: _____