

生活的藝術 馬來西亞
The Art of Living Malaysia
诗丽.诗丽.完美瑜伽师资训练课程
Sri Sri Yoga Teacher Training Course
10/12/2010- 21/12/2010



报名表 (新) Application Form (New) (大馬,新加坡)

姓名Name _____ 職業Occupation: _____ 生日DOB: _____ 性別Sex: 女F 男M
住址Address _____ 郵編Postal Code: _____
電話Phone: 住Home _____ 公Work: _____ 手機Cell Phone: _____ 講義: 中/英/雙語
學歷Education: _____ 電子郵件Email: _____ (請務必填寫)

請簡述您身心的健康狀況Briefly describe your mental and physical health:

您是否曾有過情緒上或精神的疾病?Have you ever been treated for emotional or mental illness?

如果您目前正接受醫生或心理專家的治療或曾經住院，請說明。同時，請列出您目前所使用的藥物。
If you are presently under the care of a physician or mental health professional, or have recently been hospitalized, please describe. Also please list any prescription drugs you are now taking.

如果您有長期性或最近的健康問題，請列出。(包括高血壓、氣喘、心臟病、呼吸疾病、懷孕或骨骼)若需要，請於表格背面說明。Please list any long standing health problems or recent health concerns (including high blood pressure, asthma, heart disease, breathing problems, pregnant or bone problem). Please use the back if necessary.

請列出您曾完成生活的藝術哪些課程，包括Part I (初級課程)及Part II(高級課程)。
Please list ART OF LIVING courses you have completed, including your Part I course and Part II Courses:
日期Dates 地點Location 课程天數Length of Course 課程指導老師Teacher(s)
Part I(初級課程) _____
First Part II (高級課程) _____
Other course details (其他課程) _____

請勾選您聽過古儒吉大師的知識帶? Please mark the knowledge tapes which you have listened:
 Patanjali Yoga Sutras拔檀闍梨瑜伽金言 瑜伽奧義書Yoga Sara Upanishads Ashitavakra Gita阿旭他瓦卡之歌
 Bhakti Sutras愛的金玉良言

學員請將報名表交由推薦老師簽名，聯同付款證明掃描后電郵 anglayhwa@yahoo.com。報名表正本聯同相片請交區域協調員。Applicant should sign by the recommending teacher's, please scan and email to anglayhwa@yahoo.com together with bank in details. Original copy of the application complete with pasted photo for registration should pass to region coordinator.

推薦老師填寫 For Teachers:-
本人證明 _____ 學員以上資料屬實，並推薦參加诗丽.诗丽.完美瑜伽师资训练课程。
I certify that the details given above are true and I recommend _____ for the **SSYTTC**
簽名Signature: _____ 地點Place: _____ 日期Date: _____
國家中心資料審核: 本學員資料已進入國家中心資料庫，以上資料經驗證屬實。
National Office: We certify that the applicant's profile matches the data base in the National Office.
簽署老師Signature: _____ 地點Place: _____ 日期Date: _____

報名 Registration:

- 1.請全額付清。Please pay off the course fees in full.
- 2.請填妥報名表（及匯款確認回條），扫描後电邮 anglayhwa@yahoo.com. 报名表正本连同相片请交区域协调员。
Please scan the completed application with your signature and photo together with the remittance receipt email to anglayhwa@yahoo.com. Please pass original form together with photo to region coordinator.
- 3.取消與退費：取消報名者需遵循下列取消扣款規定，退費金額將於課程結束後一個月辦理退還。

Cancellation and refund: Those who make a cancellation must comply with the following cancellation policy. The refund will be made one month later after the course.

課程費用，付款與取消辦法：Course fee, Payment and Cancellation Policy :

課程費用 兩人房 本國.新加坡	Early Bird 優惠價 1 入賬日期30/9/10之前		2nd Rate 優惠價2 入賬日期31/10/10之前		Normal Rate 正常價 入賬日期31/10/10之後	
	一般	復訓	一般	復訓	一般	復訓
第一次付款	RM1280	RM1280	RM1280	RM1280	RM3280	RM2780
第二次付款	RM1600	RM1100	RM1750	RM1250		
總數	RM2880	RM2380	RM3030	RM2530		
取消扣款	30/9/10 (含)後 RM680		31/10/10 (含)後RM880		31/10 (含)後RM1080	

備注：第二次付款期限為第一次付款30天內計，延誤者另加**RM50**手續費

Remark: 2nd Payment due within 30 days of 1st payment date, failing surcharge of RM50

注意事項：Important :

1. 以上費用為雙人房費用。The above-mentioned fee per person is based on 2-peolpe-sharing-room.
2. **複訓者資格：**凡完成生活的藝術 **Sri Sri Yoga TTC** 第一階段及第二階段之學員或已被授權生活的藝術 **Sri Sri Yoga** 教學資格的老師可以適用複訓的費用。凡是只完成 **Sri Sri Yoga TTC** 第一階段或 **Sri Sri Yoga TTC** 速成班(尚未被授權 **Sri Sri Yoga** 老師者)，必需參加全程完整的訓練且不視為複訓。
Repeater *: Those who have completed AOL **Sri Sri Yoga Ph1 & Ph2** or fully qualified **Sri Sri Yoga Teachers** are eligible for the repeater's rates. Those who have only completed **Sri Sri Yoga TTC Ph1** or express **SSY TTC** (and are not yet qualified **Sri Sri Yoga teachers**) are requested to take full training course and not regarded as repeaters.
3. **匯款說明：Payment Note :**
 - 優惠價之日期以匯款入帳日期計算，而非匯款人匯款的日期，因此請匯款時務必預先計算款項入帳所需之時間。
Early bird qualification period is according to the date that the remittance is credited into the account and not the date of remittance.
 - 不接受個人支票。No personal checks will be accepted. Bank handling charges are included to each transaction of overseas telegraphic transfer.
4. 匯款銀行/Banker : **CIME Bank** 帳號/AC No: **14060526890055** 戶名/Name: **The Art of Living Centre Sdn Bhd**

國家聯絡人Country Co-ordinator : 019-779 9683 洪麗華 Ang Lay Hwa anglayhwa@yahoo.com

區域聯絡人Region Co-ordinator :

- ❖北馬 Northern 梁潤嫦 Leong Yuen Seong 012-409 2185 leonglaomei@gmail.com
陳華生 Tan Hwa Seng 012-484 1007 tanhs1007@gmail.com
Frances Wong 016-435 2655 franceswonglm@hotmail.com
- ❖中馬 Centre 劉國鵬 Lau Kok Peng 012- 687 5971 kponlau@gmail.com
- ❖南馬 Southern 潘永盛 Pua Eng Seng 012-771 2885 puaengseng@yahoo.com
- ❖東海岸 East Coast 陳麗梅 Tan Lee Mei 012-908 9008 tmyyc@gmail.com
- ❖東馬 East M'sia 陳穎詩 Tan Ying Shi 016-886 7912 tanyingshi@yahoo.com.sg
- ❖新加坡 Singapore Dana Carroll +65-9873-3886 dana.carroll@sisriyoga.org

同意書/AGREEMENT:

本人已詳讀第2頁並瞭解上述取消及退費的相關規定，並願意遵守辦理。

本人聲明以上所提供個人資料完全屬實。本人參加 **Sri Sri Yoga** 師資訓練課程乃出於自願，並獲得家人同意。本人對於參與此課程將負起完全的責任，對於任何可能發生的意外或傷害，本人願意承擔一切責任，並且不追究 **Ved Vignan Maha Vidyapeeth** 或生活的藝術馬來西亞，所有籌劃及協助人員任何責任或補償。本人聲明不管在生理及心智層面皆適合參與此課程。本人承認 **Ved Vignan Maha Vidyapeeth** 對於此課程中所教授的知識、技術與內容擁有完全的智慧財產權，並同意在未獲得書面許可之下，將不會私自教導他人或提供、洩漏本課程中的技術、知識或內容。本人亦充分了解參加 **Sri Sri Yoga** 師資訓練並不意味著本人一定將會被授權成為老師。

DECLARATION : I have read and understood the Notes and Cancellation & Refund Policy on page two and agree to abide by it. I declare that all the information given above by me is true and am participating in the **Sri Sri Yoga Teacher's Training** programme on my own with the consent of my family. I take full responsibility for participating in this program. I release **Ved Vignan Maha Vidya Peeth**, Art of Living Malaysia, all organizers and assistants from all damages whatsoever and waive all right to compensation in case of injury. I declare that, I am physically and mentally able to participate in this programme. . I will not teach any techniques of the programme or otherwise disclose contents of the same to any person, unless I have been authorized to do so by **Ved Vignan Maha Vidyapeeth** through written permission. **I understand fully that participation in Ssy TTC does not necessarily mean that I will be authorized as the teacher.**

簽名Signature _____ 日期 Date _____

匯款確認條

繳費日期(Date of Remittance) :

繳費金額 (Amount Remitted) :