

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 Super Early Bird Only – Application received before 15 Dec 2019:

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM5,620 / S\$1,883	
	Twin sharing RM4,740 / S\$1,590	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM1,909 / S\$646	
TOTAL PAYMENT		

 For Early Bird Only – Application received before 15 Jan 2020:

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM6,281 / S\$2,104	
	Twin sharing RM5,297 / S\$1,777	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM2,134 / S\$722	
TOTAL PAYMENT		

 Regular – Application received on or before 15 Feb 2020 (Closing Date):

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM6,612 / S\$2,215	
	Twin sharing RM5,576 / S\$1,870	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM2,246 / S\$760	
TOTAL PAYMENT		

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 88 245 510	Fax: +60 88 246 011	Email: customer.service@newlife.com.my
Mr. Jermaine (Singapore) – Tel: +65 6337 8819	Fax: +65 6337 8829	Email: info@newlife.com.sg

Registration Form

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 15 Feb 2020, you will be refunded 50% of the total fees. There will be no refund for cancellation after 15 Feb 2020.
- (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.
- (11) Singapore prices are inclusive of 7% GST.

Payment Information (Please tick (✓) where appropriate)

I enclose the payment by cheque / bank draft made payable to **"TOTAL REACH MARKETING SDN BHD"** (Malaysia) or **"NEWLIFE INTERNATIONAL (S) PTE LTD"** (Singapore).

- For Malaysians :
Cheque / Bank Draft No. : _____ for RM _____
- For Singaporeans :
Cheque / Bank Draft No. : _____ for S\$ _____

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 : _____

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