

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 30 Apr 2019:

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM5,470 / S\$1,823	
	Twin sharing RM4,590 / S\$1,530	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM1,759 / S\$586	
TOTAL PAYMENT		

For Early Bird Only – Application received before 30 Jun 2019:

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM6,113 / S\$2,038	
	Twin sharing RM5,130 / S\$1,710	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM1,966 / S\$655	
TOTAL PAYMENT		

Regular – Application received on or before 3 Aug 2019 (Closing Date):

Participants	Rates	Amount
DRP participant (6D5N)	Single occupancy RM6,435 / S\$2,145	
	Twin sharing RM5,400 / S\$1,800	
Family member (Non DRP participant) (6D5N) Name : _____ Age : _____ (M/F)	RM2,070 / S\$690	
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 3 Aug 2019, you will be refunded 50% of the total fees. There will be no refund for cancellation after 3 Aug 2019.
- (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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