

Contest Registration

The Shichida Method Sdn Bhd

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 86 Jalan Raja Chulan, #12-01 Wisma Lim Foo Yong
 50200 Kuala Lumpur, Malaysia
 TEL: 03-21442555 FAX: 03-21431528
 Email: contestkl@shichidamethod.com

CONTEST 1:
A National Family Month Event
How Good Is Your
Child's Memory?
 (for ages 4 to 6)
 3-16 June 06 (Finals 2 July 06)

IMPORTANT: Every contestant must bring his/her birth cert to verify his/her age before participation. The organiser reserves its rights to reject incomplete applications, unverifiable or unsuitable candidates, or to make reasonable modifications to the contest.

	Child's Particulars (Please underline Surname)	Verified (For official use)																						
Child's Name																								
Date of Birth (ddmmyyyy)	____ dd ____ mm ____ yyyy																							
Birth Cert No.																								
Birth Order / Sex	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female																							
Preschool / Kindergarten																								
Home Address																								
Post Code	Malaysia																							
Home Telephone																								
Father's Name																								
Father's Hand Phone																								
Mother's Name																								
Mother's Hand Phone																								
E-Mail Address																								
Any Disabilities (pls specify)																								
	Preferred Contest Time Slot (Please check your child's age eligibility and write 1, 2 or 3 for your order of preference in the respective day and time slots.)	Verified (For official use)																						
Contest	<input type="checkbox"/> How Good Is Your Child's Memory? <input type="checkbox"/> How To Boost Your Child's Learning Potential?																							
Time Slot Selections	<table border="0"> <tr> <td>Thursday</td> <td>Friday</td> </tr> <tr> <td><input type="checkbox"/> ____ 9 am – 10 am</td> <td><input type="checkbox"/> ____ 9 am – 10 am</td> </tr> <tr> <td><input type="checkbox"/> ____ 10 am – 11 am</td> <td><input type="checkbox"/> ____ 10 am – 11 am</td> </tr> <tr> <td><input type="checkbox"/> ____ 4 pm – 5 pm</td> <td><input type="checkbox"/> ____ 4 pm – 5 pm</td> </tr> <tr> <td><input type="checkbox"/> ____ 5 pm – 6 pm</td> <td><input type="checkbox"/> ____ 5 pm – 6 pm</td> </tr> <tr> <td><input type="checkbox"/> ____ 6 pm – 7 pm</td> <td><input type="checkbox"/> ____ 6 pm – 7 pm</td> </tr> <tr> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td><input type="checkbox"/> ____ 1 pm – 2 pm</td> <td><input type="checkbox"/> ____ 1 pm – 2 pm</td> </tr> <tr> <td><input type="checkbox"/> ____ 2 pm – 3 pm</td> <td><input type="checkbox"/> ____ 2 pm – 3 pm</td> </tr> <tr> <td><input type="checkbox"/> ____ 3 pm – 4 pm</td> <td><input type="checkbox"/> ____ 3 pm – 4 pm</td> </tr> <tr> <td><input type="checkbox"/> ____ 4 pm – 5 pm</td> <td><input type="checkbox"/> ____ 4 pm – 5 pm</td> </tr> </table>	Thursday	Friday	<input type="checkbox"/> ____ 9 am – 10 am	<input type="checkbox"/> ____ 9 am – 10 am	<input type="checkbox"/> ____ 10 am – 11 am	<input type="checkbox"/> ____ 10 am – 11 am	<input type="checkbox"/> ____ 4 pm – 5 pm	<input type="checkbox"/> ____ 4 pm – 5 pm	<input type="checkbox"/> ____ 5 pm – 6 pm	<input type="checkbox"/> ____ 5 pm – 6 pm	<input type="checkbox"/> ____ 6 pm – 7 pm	<input type="checkbox"/> ____ 6 pm – 7 pm	Saturday	Sunday	<input type="checkbox"/> ____ 1 pm – 2 pm	<input type="checkbox"/> ____ 1 pm – 2 pm	<input type="checkbox"/> ____ 2 pm – 3 pm	<input type="checkbox"/> ____ 2 pm – 3 pm	<input type="checkbox"/> ____ 3 pm – 4 pm	<input type="checkbox"/> ____ 3 pm – 4 pm	<input type="checkbox"/> ____ 4 pm – 5 pm	<input type="checkbox"/> ____ 4 pm – 5 pm	
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Participation in The Shichida Method™ Programme	<table border="0"> <tr> <td>This Child</td> <td>Sibling (s)</td> </tr> <tr> <td><input type="checkbox"/> Currently</td> <td><input type="checkbox"/> Currently</td> </tr> <tr> <td><input type="checkbox"/> Previously</td> <td><input type="checkbox"/> Previously</td> </tr> </table>	This Child	Sibling (s)	<input type="checkbox"/> Currently	<input type="checkbox"/> Currently	<input type="checkbox"/> Previously	<input type="checkbox"/> Previously																	
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<input type="checkbox"/> Currently	<input type="checkbox"/> Currently																							
<input type="checkbox"/> Previously	<input type="checkbox"/> Previously																							

Please tick if you are keen on the following Superachievers' courses.

- Pre-Natal Child Stimulation
- Special Needs Child Stimulation
- Brain Stimulation for Working Professionals
- Improving Vision Through Brain Stimulation
- Better Learning Through A Brainy Diet
- Improving The Home Environment To Nurture Better Kids
- Better Body And Mind Performance in Mid-Life

• Buy one or more of the above courses and get a free course entitled "Cellular Stimulation Techniques For Optimal Immune Systems" Conditions apply!

I hereby declare the information on this registration form to be accurate and agree to abide by the rules of these contests.

Signature of parent:
 Name:
 Date:

Please complete this form and e-mail back to contestkl@shichidamethod.com, fax to 03-21431528 or drop it off to 86 Jalan Raja Chulan, #12-01 Wisma Lim Foo Yong, 50200 Kuala Lumpur, Malaysia.