



Master School of the Universal Healing Tao Center

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Chi Nei Tsang I Training Registration Form

Please fill out this enrollment form as a step toward instruction in the practices of the Chi Nei Tang, as taught by INGGWATI. This information will be kept confidential (Please Print)

Name ADCNT1001 Age 39 Marital Status MARRIED
 Street Jl. BANGKA NO. 11 CEMONE
 City TANGERANG State _____ Country INDONESIA Zip _____
 Home Phone 02128518237 / 021-83795485 Office Phone 021-83795485
 Occupation EMPLOYEE Date of Birth 12 NOVEMBER 20~~09~~⁰⁸ 1968

Permanent Address (if different from above):

Street _____
 City _____ State _____ Country _____ Zip _____

How were you referred to this Living Tao class? Ad Flyer Friend Other (specify)

Previous classes attended:

Biography & schooling:

I am aware that Chi Nei Tsang I is primarily an educational process enabling me to care for myself in a more informed way. I know that I am responsible for my own physical, emotional, mental, and spiritual well-being. This training in Chi Nei Tsang I will enable me to better understand myself and become capable of functioning more fully as a complete being in harmony with myself. I am not here to be treated for any illness, disease, or deformity. CNT I is an element of the Universal Tao System. I agree that I will not publish, teach, or in any form or way attempt to impart the principles of the Universal Tao Center to the public, until such time as I have received personally from Master Mantak Chia, or his representative, the training necessary to become a qualified practitioner of the Universal Tao Chi Nei Tsang I practices.

Date 24 JUNE 2007

Signature

CNT REPORT

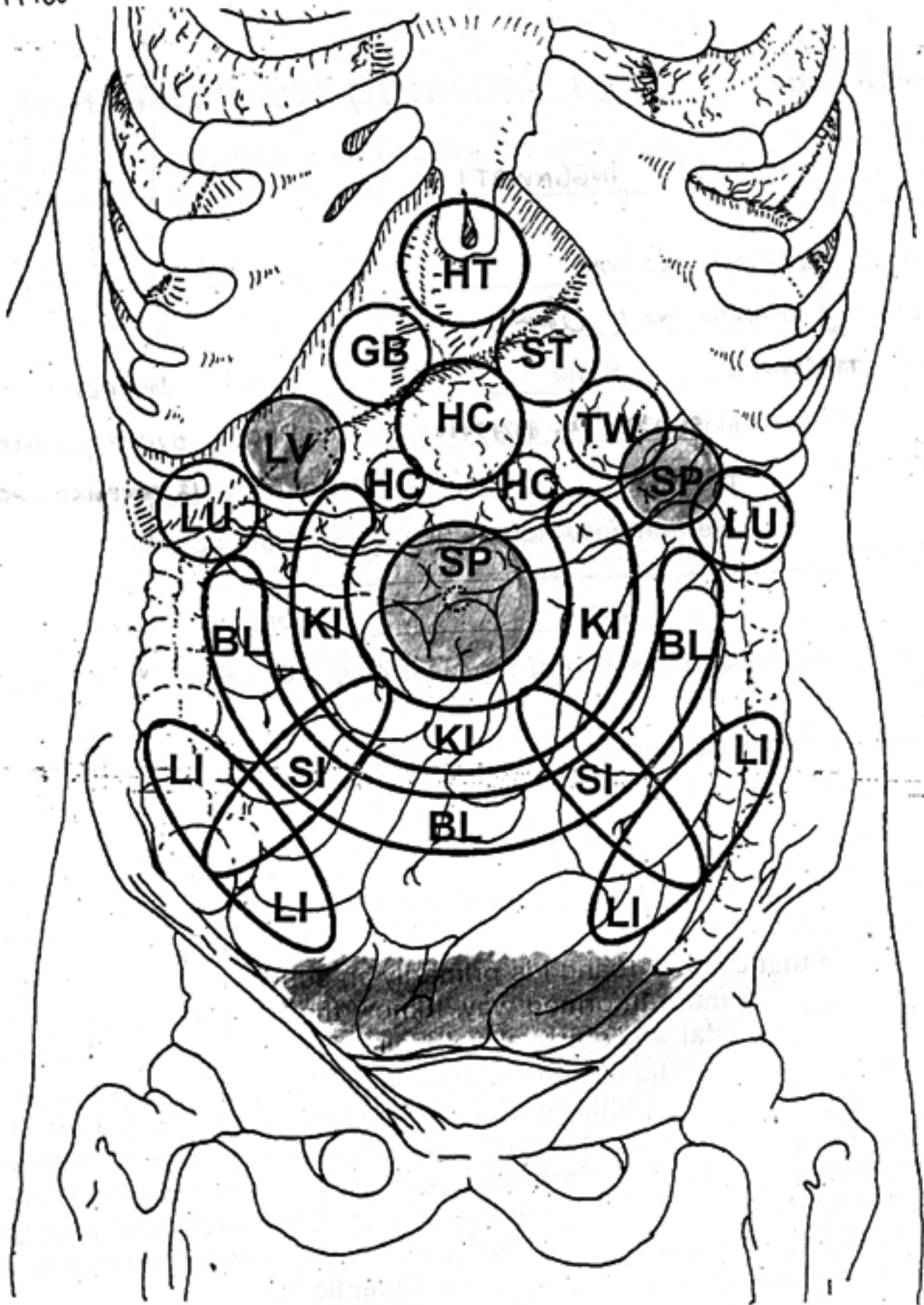
Name: ADCNT1001

Date 24 JUNE 2007

Address: JL BANGKA No 11 CIMONE, TANGERANG, INDONESIA

Telephone 6221837954⁸⁵
OFFICE

Fax _____
Email anggie.aha@yahoo.com



LU -Lung
LV -Liver
GB -Gall Bladder
HT -Heart
ST -Stomach
TW -Triple Warmer

SP -Spleen
HC -Heart Constrictor (Pericardium)
KI -Kidneys
BL -Bladder
SI -Small Intestine
LI -Large Intestine

Practitioner: INGGAWATI Date: 24/06/2007 Case # 1

Description & Profile of the Student

Name: ADCNT1001 Gender: F Age Group: 39 Posture: Excessive Bending of the Lower back Children: -
Personal Characteristics: SMOOTH TALKER

Body Constitution: _____ Body Type: IDEAL WEIGHT Balance Needed LV/SP

Patterns: Coffee, (Cigarettes), (Alcohol), (Prescription Drugs), (Recreational Drugs), (Sexual Active)

Sleeping Trends: uneasy, 5-6 hours/day Emotional Level Above normal

Environment: CONSIDERING DIVORCE

Occupation: Accounting Staff Amount of days off: 1 day/week Vacations: 12 days/ye

Job Conditions: Indoor only, average overtime 3 hours/day

Stress Conditions: above normal

Hobbies: Traveling, gardening, reading

General Attitude: Extrovert

Physical Problems: (Liver), (Heart), (Lungs), (Kidneys), (Spleen), (Pancreas), (Intestine), (Stomach), (Bladder), (Gall Bladder), Urogenital, (Immune), (Diabetes), (Hernia), (Ulcers), (Lymph), (Teeth), (Other) _____

Women: check for IUD or everything else NO IUD Are you pregnant? NO

Surgeries & Hospitalization: NO

Accidents: NO

Cancers: NO

Strokes: NO

Under Psychiatric Care: NO

Main Complaints: Lower Abdominal pain during menstruation

Western diagnosis: Endometriosis

Medications in use: Pain-killer e.g. PANADOL

Holistic & Chinese Therapies used or being used: NONE

Type of Daily Food Intake: white rice, Indonesian Food (vegetables, meat, chick fish), fruit.

Fast Food during office breaks & overtime

Session Explanation & Practice

(Clean & Warm Hands, Bowel Movement (Student), Position Body with Towel)

Session # 1 Name: ADCNT1001 Date: 24/06/2007

Techniques Applied: 1) Skin Detoxification

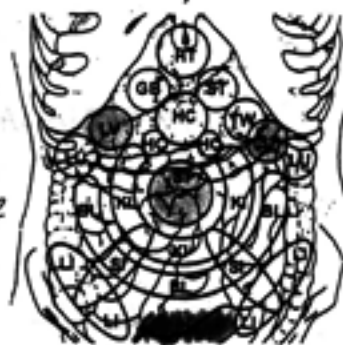
2) Wave Technique

Techniques Taught: Opening Wind Gate, shaking & spiraling

Exercises & Meditations Taught: Abdominal Breathing, Inner Smile

Recommendations: - Blood Type (PB) diet & reduce Fast Food

Response from Student: feeling lighter



Session # 2 Name: ADCNT1001 Date: 30/06/2007

Techniques Applied: 1) SKIN DETOXIFICATION focus on LIVER & SPLEEN

& Kidneys 2) Wave Technique

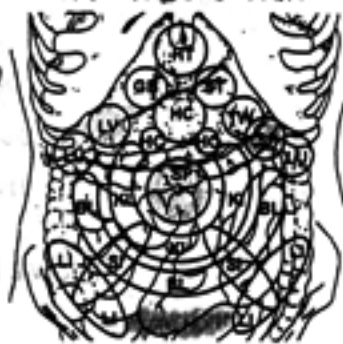
Techniques Taught: Skin Detoxification

Exercises & Meditations Taught: Inner Smile & Six Healing Sound

Recommendations: Morning: SKIN DETOX & Inner Smile & Abdominal Breathing

Evening: SIX HEALING SOUND & SKIN DETOX

Response from Student: feeling lighter



Session # 3 Name: ADCNT1001 Date: 04/07/2007

Techniques Applied: 1) SKIN DETOXIFICATION focus on LIVER & SPLEEN

& KIDNEYS 2) Wave Technique

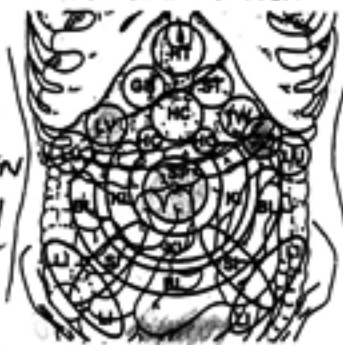
Techniques Taught: Review SKIN DETOXIFICATION focus on LIVER & SPLEEN

Exercises & Meditations Taught: Review Inner Smile & Six Healing Sound

Recommendations: Morning: SKIN DETOX, INNER SMILE, Abdominal Breathing

Evening: SIX HEALING SOUND & SKIN DETOX

Response from Student: feeling lighter



Session # 4 Name: ADCNT1001 Date: 07/07/2007

Techniques Applied: 1) SKIN DETOXIFICATION focus on LIVER & SPLEEN

& KIDNEYS 2) Wave Technique

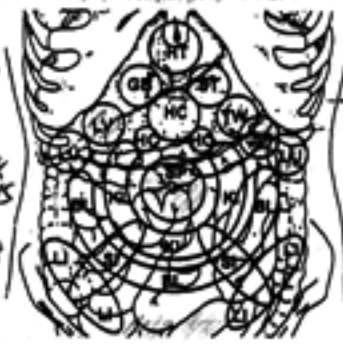
Techniques Taught: Review SKIN DETOXIFICATION focus on LIVER & SPLEEN & KIDNEYS

Exercises & Meditations Taught: Review Inner Smile & Six Healing Sound

Recommendations: Morning: SKIN DETOX, INNER SMILE, ABDOMINAL Breathing

Evening: SIX HEALING SOUND & SKIN DETOX

Response from Student: LESS PAIN DURING menstruation



Session # 5 Name: ADCNT1001 Date: 14/07/2007

Techniques Applied: 1) SKIN DETOXIFICATION focus on LIVER & SPLEEN

& KIDNEYS 2) Wave Technique

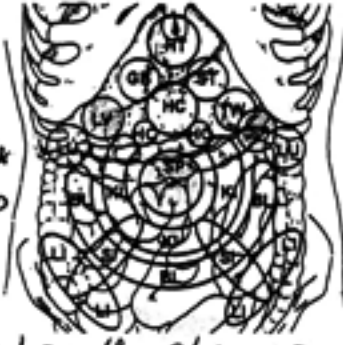
Techniques Taught: Review SKIN DETOXIFICATION focus on LIVER & SPLEEN & KIDNEYS

Exercises & Meditations Taught: Review Inner Smile & Six Healing Sound

Recommendations: Morning: SKIN DETOX, INNER SMILE, ABDOMINAL Breathing

Evening: SIX HEALING SOUND & SKIN DETOX

Response from Student: feeling lighter & happy



Note: I was not sure whether the student had cancer or not. Based on the Chi Nei Tsang book page 322 that we should not work on cancer, I just did the SKIN DETOX & guide the student for emotional release through The Inner Smile & Six Healing Sound.

After Session

- 1) Drink warm clean water for lymph detoxification.
- 2) Eat & drink 30-60 minutes before & after.
- 3) Responses: Discomfort (6-8 days in abdominal area), Lighter feeling in head (heat), Sweating(7-20 days), Tiredness, Bowel Movement, Recovering feeling, Sleepiness.

CASE # 1



ADCNT1001