



NEWLIFE™ HEALTH RETREAT at MILLENNIA VILLAGE, NEGERI SEMBILAN 10 - 14 September 2024 (5D4N)
 Closing date: 10 August 2024 (Payment must be received upon registration to secure a place)

Event is conducted in English

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 10 Jun 2024:

| Participants | Rates | Amount |
|---|---|--------|
| DRP participant (5D4N) | Single occupancy RM6,100 / S\$2,070 | |
| | Twin sharing RM5,100 / S\$1,750 | |
| Family member (Non DRP participant) (5D4N) Name : _____ Age : _____ (<input type="checkbox"/> M / <input type="checkbox"/> F) | RM2,070 / S\$700 Inclusive of room stay (twin sharing with a DRP participant) and complimentary breakfast. | |
| TOTAL PAYMENT | | |

For Early Bird Only – Application received before 10 Jul 2024:

| Participants | Rates | Amount |
|---|---|--------|
| DRP participant (5D4N) | Single occupancy RM6,500 / S\$2,230 | |
| | Twin sharing RM5,500 / S\$1,890 | |
| Family member (Non DRP participant) (5D4N) Name : _____ Age : _____ (<input type="checkbox"/> M / <input type="checkbox"/> F) | RM2,230 / S\$760 Inclusive of room stay (twin sharing with a DRP participant) and complimentary breakfast. | |
| TOTAL PAYMENT | | |

Regular – Application received on or before 10 Aug 2024 (Closing Date):

| Participants | Rates | Amount |
|---|---|--------|
| DRP participant (5D4N) | Single occupancy RM6,850 / S\$2,350 | |
| | Twin sharing RM5,800 / S\$1,990 | |
| Family member (Non DRP participant) (5D4N) Name : _____ Age : _____ (<input type="checkbox"/> M / <input type="checkbox"/> F) | RM2,350 / S\$800 Inclusive of room stay (twin sharing with a DRP participant) and complimentary breakfast. | |
| TOTAL PAYMENT | | |

Submit your registration to:
 Lydia (partner of Newlife)

lydia@dltotalhealth.com



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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 10 August 2024, you will be refunded 50% of the total fees. There will be no refund for cancellation after 10 August 2024.
- (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 GST.

Payment Information (Please tick (✓) where appropriate)

I enclose the payment by cheque / bank draft made payable to "TOTAL REACH MARKETING SDN BHD" 199201015147 (246650-X) AJL93209 (Malaysia) or "NEWLIFE INTERNATIONAL (S) PTE LTD" (Co. No. 200206247Z) (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 : _____

Submit your registration to:
Lydia (Partner of Newlife)

lydia@dltotalhealth.com

HEALTH RETREAT INDEMNITY FORM

Please read and sign the Indemnity Form upon registration for your participation in the health retreat.

I hereby warrant and acknowledge :

1. that my general health is good and I have no medical condition or disability that renders me unfit to undertake the DRP programme at the health retreat.
2. that I fully understand that there may be risks, hazards and dangers associated with the activities which I would be subjected to.

I accept the terms and conditions stipulated in the registration form and I understand that I had the opportunity to fully discuss this programme with a representative of NewLife™ International to clarify any concerns or questions about the health retreat that I may have had.

I indemnify NewLife™ International and its staff, agents, and representatives from any claims, costs, expenses, liabilities and demands in respect of injury, loss or damage, to person or property of myself or my guests accompanying me, including all reasonable legal and court fees incurred, arising out of my participation in the health retreat or in any related activities irrespective of whether such claims arose through the negligence of any person, or from any of the risks, dangers or hazards inherent in a health retreat.

I, the undersigned, hereby declare that I have read and fully understood the contents of the Indemnity Form and acknowledge the risks involved.

SIGNATURE: _____ DATE: _____

NAME OF PARTICIPANT: _____