



College of
Massage
Therapists of
Ontario

Registration Application Record Keeping e-Workshop

Registrant Details

First Name:		Last Name:	
Registrant ID:		Phone Number:	
Email Address:			

Reason for enrolling in the e-workshop:

Preferred e-Workshop Date:

*A complete list of e-workshop dates is posted at www.cmto.com

--

Payment Information

* Contact the Professional Practice department if you wish to pay online through your registrant profile rather than providing credit card information below.

Course Fee:	\$225.00 (HST included)		
Payment Details:			
<input type="checkbox"/> Credit Card (Visa / Mastercard)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	
Credit Card Number:		Expiry Date:	
Name on Card: (please print)			
Signature:			

Completed applications must be received by email at professionalpractice@cmto.com
prior to the application deadline posted at www.cmto.com

Professional Practice Department
Phone: 416.489.2626 | Toll free (Ontario) 1.800.465.1933 | Fax 416.489.2625 |
Email: professionalpractice@cmto.com