



College of  
Massage  
Therapists of  
Ontario

## Registration Application Record Keeping e-Workshop

Date

Click or tap to enter a date.

### 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 workshop dates is posted at  
[www.cmto.com](http://www.cmto.com)

Click or tap to enter a date.

### Payment Information

Course Fee:

**\$225.00 (HST included)**

**Payment Details:** Upon completing and submitting this registration form to the Professional Practice department, an invoice will be added to your registrant profile. Payment will be required one week (7 days) before the start of the workshop to complete your registration.

Completed applications must be received by email at [professionalpractice@cmto.com](mailto:professionalpractice@cmto.com)  
prior to the application deadline posted at [www.cmto.com](http://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](mailto:professionalpractice@cmto.com)