



College of
Massage
Therapists of
Ontario

**Registration Application
Standards and Regulations
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:

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| |

Preferred e-Workshop Date:

*A complete list of workshop dates is posted at 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. Due to COVID-19, CMTO is **extending the payment deadline** for workshops until November 30, 2020.

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