



CANADIAN SPORT MASSAGE
THERAPISTS ASSOCIATION
ASSOCIATION CANADIENNE DES
MASSOTHÉRAPEUTES DU SPORT

Ontario Chapter Advertising Application

Course Information

Course Name: _____

Please Circle CMTO Category: A or B

Number of CEUS (Every two hours is one CEU) _____

Address: _____

Street Address

Apartment/Unit #

City

Province

Postal code

Contact Info for Course

Phone: _____ Email _____

Instructor Information

Name: _____

Address: _____

E-mail _____

Phone: Home _____ Phone Cell: _____

Description of Course

Fee: Please check the appropriate box

\$70.00 the first year

\$50.00 second year

\$30.00 third year and there after

Signature: _____ Date: _____

Please send money via E-Transfer to ontariochapter@csmta.ca

Course must fall under the scope of practice of the CMTO

<http://www.cmta.com/registrants/about-the-profession/policies-publications/legislation-and-by-laws/>