



REGISTRATION FORM



I wish to register to the (please, checkmark the appropriate box).

- Sport Physiology– Concepts and Applications for the Massage therapist**® self-directed, distance education course.
(Available. Tuition fee is \$165.00 for members, \$215.00 for non-members.) S&H: \$25.00.
Exam: required within 6 months from registration.
- Sport Psychology – Foundations and Practice for the Massage therapist**® self-directed, distance education course.
(Available. Tuition fee is \$185.00 for members, \$235.00 for non-members.) S&H: \$25.00.
Exam: required within 6 months from registration.
- Sport Injuries – Assessment and Treatment Protocol for the Massage therapist**® self-directed, distance education course.
(Available. Tuition fee is \$205.00 for members, \$255.00 for non-members. *Related practical workshops are recommended.*)
S&H: \$25.00. Exam: required within 9 months from registration.
- Sport Massage – Theory and Techniques for the Massage therapist**® self-directed, distance education course.
(Not available, presently under development.)

Shipping and Handling Costs

\$25 for 1 binder, \$30 for 2 binders and \$35 for 3 binders

I am sending the required photocopy/letter of my Massage School/Program Certificate/Diploma or membership card of the provincial College of Massage Therapy and the money order/certified cheque, or VISA Number*.

PLEASE NOTE:

- In order to receive a Certificate of Completion for these courses, the registrant must write an exam within 6-9 months from the date of registration and pass it with a minimum of 75% mark.
- It is the registrant's responsibility to indicate his/her readiness to write the exam to the CSMTA Education Chair and to provide the name and address of an exam Proctor.
- Non-native speakers of English: please note that a strong working knowledge of English is required to complete the course.

Non-members: _____ Members: _____ CSMTA Membership # (if applicable): _____

Print Name: _____ Member of (Name of association) _____

Address: _____ City: _____

Prov./State: _____ Postal/Zip Code: _____ Country: _____

E-mail: _____ Fax: _____

Phone (Home): _____ Phone (Work): _____ Cell: _____

VISA CARD #: _____ Exp. Date: _____

Name on the card: _____ Signature: _____

IF MAILING ADDRESS IS DIFFERENT, please indicate where should we send the course material:

Name: _____ Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____ Country: _____

Please send the REGISTRATION FORM with your cheque or money order, payable to CSMTA AB Chapter to:
Aurel Hamran, Registrar, 109-9100 Walterdale Hill, Edmonton, AB, Canada T6E 2V3. Keep a photocopy of this form for your record.
Please allow two to four weeks for delivery.

Date: _____ Signature: _____

NOTE: Courses can be taken one at a time. If you already registered to one of the courses before, you don't have to submit the required copy of diploma or graduation certificate again.