



CANADIAN SPORT MASSAGE  
THERAPISTS ASSOCIATION  
ASSOCIATION CANADIENNE DES  
MASSOTHÉRAPEUTES DU SPORT

## Ontario Chapter Advertising Application

### Course Information

Course Name: \_\_\_\_\_

Please Circle CMTA 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

\_\_\_\_\_  
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**Fee: Please check the appropriate box**

☐ \$60.00 the first year

☐ \$40.00 second year

☐ \$20.00 third year and there after

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send money via E-Transfer to [ontariochapter@csmta.ca](mailto:ontariochapter@csmta.ca)

**Course must fall under the scope of practice of the CMTA**

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