

# Toronto School of Traditional Chinese Medicine

## Application and Registration for Workshops

Please print clearly and completely. Refer to TSTCM Workshop information for details.

### 1. PERSONAL INFORMATION

Mr.       Ms.      \_\_\_\_\_  
First Name      Last Name      Chinese Characters

CTCMPAO Registration Title: \_\_\_\_\_ Registration Number: \_\_\_\_\_

### EDUCATION AND TRAINING

Program Duration	Name of Program	Name of Institution	Hour/Year	Degree
Start to End (M/Y)				

### TCMA WORK EXPERIENCE (From Most Recent)

Duration	Title	Name of Employer / Company	Responsibilities
Start to End (M/Y)			

### 2. CONTACT INFORMATION

Street No. & Name      Suite No.      City      Province      Postal Code

Telephone: (      )      Mobile Phone: (      )

Email (required)

### 3. WORKSHOP REGISTERED

Workshop Name	Date and Time	Tuition
		\$
		\$

### 4. PAYMENT

**Total Tuition: \$**

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Received By: \_\_\_\_\_ Received Signature: \_\_\_\_\_ Received Date: \_\_\_\_\_

**700 Lawrence Avenue West, Suite 433, Toronto, ON.**

Website: [www.tstcm.com](http://www.tstcm.com); Email: [info@tstcm.com](mailto:info@tstcm.com); Tel: 416-782-9682; Fax: 416-782-9681