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

TCMA WORK EXPERIENCE (From Most Recent)

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

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; Email: info@tstcm.com; Tel: 416-782-9682; Fax: 416-782-9681