

Introduction to Massage Workshop Registration Contract

Location and Details: Okanagan Valley College of Massage Therapy, Vernon BC – see address above.

Date and Time: **Saturday and Sunday 9:00 am to 4:30 pm – 8:30 arrival**
 Jan 4-5, 2025 April 12-13, 2025 June 21-22, 2024
 Aug 16-17, 2025 Oct 18-19, 2025

Registration Fee: *\$342.00 (includes tax and a set of sheets that will be used in the program)
 (*subject to change)

To Register: **1) Complete the information below**
2) Send to OVCMT at info@ovcmt.com, or fax to 250-558-3748 or mail to OVCMT, 200-3400 30th Avenue, Vernon BC V1T 2E2

Date:	First Name:	Last Name:
Street Address:		
City:	Postal Code:	
Phone Number:	Email Address:	
Payment and Agreement:	By making payment you agree to participate in this workshop. By accepting your payment OVCMT agrees to provide the workshop.	
Select Payment Option:	E-transfer to payments@ovcmt.com (*Add your name in 'notes or message to recipient')	
	Credit Card#	Expiry:
		CVS code:
	Cheque – please mail to above address	
	Cash or Debit, in person, Mon-Fri 8:00 am to 4:30 pm	
Projected Program Intake Date:	September 20 (year)	January 20 (year)

Refund Policy: Cancellation refunds will be given if seven days written notice prior to the workshop start is received, less a \$25.00 Administration fee. Less than seven business days' notice will entitle the registrant to a 50% refund. After the workshop has started, no refund is available. Full refunds will be given to all registrants if the course is cancelled due to lack of registrations. Refunds are paid by cheque.

Required Notice re Private Training Approval and Fund:

The Introduction to Massage Workshop listed in this student enrolment contract does not require approval by the Private Training Institutions Branch of the Ministry of Advanced Education and Skills Training. As such, PTIB did not review this program.

* The completion of this workshop does not constitute a license to practice Massage Therapy.

Students may not file a claim against the Student Tuition Protection Fund in relation to this program.

This institution is certified by the Private Training Institutions Branch (PTIB). For more information about PTIB, go to www.privatetraininginstitutions.gov.bc.ca.

Signature:

Date:

***Parent/Guardian:**

Date:

***NOTE:** If you are under 19 years of age, at any point during the Intro Workshop, we require parental consent for your participation. If completed electronically, please tick this box to confirm your typed name as your signature indicating that the information on this application form along with the required documentation is true and accurate to the best of your knowledge.