



Okanagan Valley College of Massage Therapy Ltd.

200, 3400 - 30 Avenue, Vernon, BC V1T-2E2
Telephone: (250) 558-3718 Fax: (250) 558-3748
Toll Free: 1-800-701-8863
General Email: info@ovcmt.com

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**
 Apr 1-2, 2023 Aug 26-27, 2023 Jan 6-7, 2024
 Jun 10-11, 2023 Oct 21-22, 2023 April 6-7, 2024

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: _____

Full Mailing Address: _____

Phone Contact Number: _____ Email Address: _____

Payment and Agreement: By making payment you are agreeing to participate in this workshop. By accepting your payment OVCMT agrees to provide the workshop.

Select Payment Option: E-transfer to payments@ovcmt.com
 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 _____ January 20 _____

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.

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.privateinstitutions.gov.bc.ca.

Signature: _____ **Date:** _____

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.