

Legal Name:
Vancouver College of Massage Therapy Ltd.
Operating Name:
Vancouver College of Massage Therapy (VCMT)
Admissions email: David@vcmt.ca
300-1050 West Pender Street, Vancouver, BC, V6E 3S7
Tel: (604) 681-4450 Fax: (604) 681-4467
www.vcmt.ca

Vancouver College of Massage Therapy is designated by the Private Training Institutions Branch for the massage therapy program. The weekend massage workshop does not require approval under the Private Training Act; and a student may not file a claim against the fund with the trustee in respect of the program of instruction.

STUDENT INFORMATION

Last Name	First Name & Middle Name
Usual First Name	Personal Education Number (if available)
Mailing Address	
Mailing Address in Canada (if available and different from above)	
Student Telephone Number	Student Email Address
International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<i>yyyy/mm/dd</i>	

COURSE INFORMATION

Weekend Massage Workshop		
Program Title		
20 hours		
Hours of Instruction during course	Course Start Date	Course End Date
Credential Issued on Graduation	<input type="checkbox"/> Diploma <input checked="" type="checkbox"/> Certificate	
Program Delivery Method (select all that apply)	<input checked="" type="checkbox"/> In-class <input type="checkbox"/> Distance <input type="checkbox"/> Combined	
Language of Instruction:	English	

COURSE COSTS

The weekend massage workshop fee is \$325.00 + tax

PAYMENT TERMS

Method of payment: Cash Cheque Credit Card Other: _____

Date of payment received: _____

REFUND POLICY

Students are required to pay a \$75 deposit when they register. The remaining balance of \$266.25 (including tax) is collected on or before the 1st day of the workshop.

If students don't attend the weekend workshop the deposit is non-refundable.

STUDENT DECLARATION

Student Signature

Date Signed (yyyy/mm/dd)

Signature of Parent or Legal Guardian (if required)

Date Signed (yyyy/mm/dd)

INSTITUTION SIGNATURE

Signature of Institution Representative

Date Signed