

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: Yes No

Date of Birth:

YYYY-MM-DD

Gender

Male

Female

COURSE INFORMATION

Introduction to Massage Weekend Workshop

Program Title
17 hours

Hours of Instruction during course

Course Start Date

Course End Date

Credential Issued on Graduation

Diploma

Certificate

Program Delivery Method (select all that apply)

In-class

Distance

Combined

Language of Instruction:

English

COURSE COSTS

The Weekend Workshop fee is \$325.00 + tax, for a total of \$341.25.
Payment is due upon registration in order to secure a seat in the course.

PAYMENT TERMS

Method of payment: Cash Cheque Credit Card Other: _____

Credit card payment can be made on this form, or over the phone at 604-681-4450 ext. 308. If paying over the phone, please wait until VCMT confirms that the registration form has been received and there is availability in that workshop.

Visa Mastercard Name appearing on card: _____

Credit Card Number: _____

Expiry Date (mm-yr) _____ CVV: _____

REFUND POLICY

\$100 is non-refundable. Students are entitled to a refund of the remaining amount if they notify the school of their withdrawal no less than 1 week prior to the workshop start date.

STUDENT DECLARATION

Student Signature

Date Signed

Signature of Parent or Legal Guardian

Date Signed

INSTITUTION SIGNATURE

Signature of Institution Representative

Date Signed