

Application Form

Please check the program / course you are applying		Starting date (Day/Month/Year)
<input type="checkbox"/>	FULL TIME / The 1070-hour Shiatsu Instructor Diploma Program (<input type="checkbox"/> Local or <input type="checkbox"/> International)	/ /
<input type="checkbox"/>	PART TIME / The 1070-hour Shiatsu Instructor Diploma Program	/ /
<input type="checkbox"/>	The Shiatsu Foundation Certificate Course	/ /
<input type="checkbox"/>	The Chair-Shiatsu Certificate Course	/ /

Name (last, first, middle)	Date of Birth (Day/Month/Year)	Citizenship
	/ /	

Address (apt, street, city, province, country, postal code)					

E-mail	Tel	Fax

Date of Application (Day/Month/Year)	Signature

Method Payment
<input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> Interac <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (In person only) <input type="checkbox"/> Wire (Call for our account info)

Card Number	Expiry date

Name of Card Holder	Signature

In case of an emergency notify:

Name (last, first, middle)	E-mail

Address (apt, street, city, province, country, postal code)					

Tel (Res)	Tel (Bus)	Fax

How did you find us?		
<input type="checkbox"/> Side walk sign	<input type="checkbox"/> Friends	<input type="checkbox"/> Any ads (ads' name:)
<input type="checkbox"/> Demonstration	<input type="checkbox"/> Website	<input type="checkbox"/> Etc. ()

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<input type="checkbox"/> Demonstration	<input type="checkbox"/> Website	<input type="checkbox"/> Etc. ()

*If there is a person who referred you to the CCST, please inform us the name.

Introducers' name	Tel	E-mail

Application Fee (Non-Refundable) Paid