

# Application Form

Please check the program/course you are applying		Starting date (Day/Month/Year)
<input type="checkbox"/>	<b>FULL TIME</b> / The clinical Shiatsu Therapy with Spa Massage Diploma Program ( <input type="checkbox"/> Local or <input type="checkbox"/> International )	/ /
<input type="checkbox"/>	<b>PART TIME</b> / The clinical Shiatsu Therapy with Spa Massage 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

VISA  
  Master  
  Interac  
  Cheque  
  Cash (In person only)

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. ( )

\*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