**2017 CSMTA-Alberta Chapter Symposium &AGM**

**November 4-5, 2017 at Providence Renewal Centre**

**3005-119 Street in Edmonton**

Please print legibly as Certificates and Receipts are generated from information provided.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PC\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSMTA Member No. \_\_\_\_\_\_\_\_\_\_ MTAA Member No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Early Bird Fee Until October 11, 2017**:

 CSMTA Members & Students $300 \_\_\_ Non- CSMTA Members $400 \_\_\_

 MTAA Members $360\_\_\_

**Regular Fee after October 11, 2017 until November 1, 2017**:

 CSMTA Members & Students $350\_\_\_ Non CSMTA Members $450\_\_\_

 MTAA Members $405 \_\_\_\_

**Course Selection**: Both are full two-day courses, with limited space available.

 Please select either: Sport Massage \_\_\_\_\_ or Stretching\_\_\_\_\_

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| **Schedule:** | **Saturday, November 4, 2017** | **Sunday, November 5, 2017** |
| **8:30am – 9 am** | **Registration** | **-** |
| **9 am – 12 pm** | **Advanced Sport Massage – with Kip Petch** | **Advanced Sport Massage – with Kip Petch** |
| **9 am – 12 pm** | **Stretching and Self Care -****with Jennifer Dunn** | **Stretching and Self Care – with Jennifer Dunn** |
| **12 pm – 1 pm** | **Lunch** | **Lunch** |
| **1 pm – 5 pm** | **Advanced Sport Massage**  | **Advanced Sport Massage**  |
| **1 pm – 5 pm** | **Stretching and Self Care** | **Stretching and Self Care** |

 **5pm– 6pm Saturday - CSMTA Alberta Chapter Meeting –**

All Symposium participants and all CSMTA members are encouraged to attend.

##### PAYMENT OPTIONS

 a) Cash

 b) Cheque: Please make cheque payable to: “CSMTA-AB Chapter”

 c) VISA: # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp:\_\_\_\_\_\_\_\_ Security # :\_\_\_\_\_\_\_

 d) E-transfer: Please email to abchapter@csmta.ca

 **Amount Paid:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Method:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_

***Please send registration form and payment to: “CSMTA-AB Chapter”, #102-125 Carleton Drive, St. Albert, AB T8N 3S6 or email to*** ***abchapter@csmta.ca***