



The leader in continuing education training...

RED PINES TRAINING CENTER

A BRANCH OF THE CENTER FOR NATURAL WELLNESS
SCHOOL OF MASSAGE THERAPY

Phone (518) 489-4026 / Email: RedPines@cnwsmt.com / Fax: (518) 489-0522

Course Title:	
Preferred Date(s):	Day(s) of the Week:
Time(s):	
NCBTMB Approved Provider # or other ID # (if applicable)	
Continuing Education Hours:	
Cost:	Early Enrollment Discount: \$ _____, register by: _____
<i>Please note that we add an additional \$5.00 to the registration costs and discounts to defer the costs of Online Registration. Please list the cost you'd like to list the class for before we add on the \$5.00 admin fee.</i>	
Minimum # of Students & Maximum # of Students:	Minimum # _____ Maximum # _____
<i>The registration deadline for each class occurs on the Friday one week prior to the start date. At that point, a \$20 late fee is added on to the standard fee of the class which is paid to CNWSMT. Registration officially closes at 11:59pm two nights prior to the start date.</i>	

Course Description (Limit to 100 words):

Please include the following information in the description: Target audience (or audience limitations such as only LICENSED massage therapists, or only Physical Therapists, etc.), other states in which the class has been approved for CE Hours (if applicable), Special Instructions for what students should BRING or WEAR to class. (If students need to supply something for class indicate it here.)

Instructor Bio (Limit to 80 words):

What will instructor provide?

(Please note that all instructor MUST provide a certificate to each student with the following information on it: Student Name, Course Title, Date(s) of Course, # of CE Hours stated as "CE Hours" or "Continuing Education Hours", Instructor's Name and contact info, and a Signature Line with signature.)

_____ Handout(s) _____ Book(s) / Manual(s) _____ Other: _____

Equipment need supplied for class:

(Each class room has massage tables, folding chairs, back jack floor chairs, dry erase board, and folding tables. Please check which you will be using for class so we can assure there are enough in rooms)

_____ Massage Tables _____ Back Jack Floor Chairs _____ Other:
_____ Folding Tables
_____ Folding Chairs _____ CD player

Instructor Contact Info:

Name: _____ Fed Tax ID # or Social Security #: _____

Mailing Address: _____

Email Address: _____ Phone: _____

I have read the instructor Guidelines document on the CNW website and agree to the conditions laid out in this document.

Signature of Instructor _____ Date: _____

Thank you and we look forward to working with you.

Please complete this form on the computer and e-mail back to Red Pines. A \$25 fee will be imposed if not completed electronically.