

First Name: _____ Last Name: _____

Street: _____ Apt: _____

City: _____ Prov./State: _____ P.C./Zip: _____

Telephone (home): _____ (business): _____

Email address for registration confirmation : _____

Course

Introduction to Massage Date: _____ Course Fee: \$225.00 (includes G.S.T.)

You may register in person, fax or mail this form with payment to:
Sutherland-Chan School & Teaching Clinic, 330 Dupont Street, Suite 400, Toronto ON M5R 1V9

- Payment Options: 1) CASH or INTERAC (in person only)
2) CHEQUE or MONEY ORDER – payable to Sutherland-Chan Schools Inc.
3) If registering by fax, complete VISA /MC information below and fax to 416-924-9413

VISA/MC Number: _____ Exp Date: _____

Cardholder Name: _____ Signature: _____

Refund Policy

A full refund of course fee, minus a 10% administration charge, will be given if the participant withdraws from the course before the beginning of the second class of an 8 week course or 3 days before a weekend course. No refunds will be issued after these time frames.

Deductibility of Course Fee for Income Tax Purposes

Sutherland-Chan Schools has been approved by the Ministry of Employment and Immigration as an educational institution under Section 60 (f) (iv) of the Income Tax Act. A student who is enrolled at our school may claim a tuition tax credit for any tuition paid by the student for the year provided that: a) such fees exceed \$100; b) the student is at least 16 years of age; c) the student was enrolled in the course to obtain skills for, or improve their skills in an occupation. If you take our Introduction to Massage course for general interest only, your fees are not deductible for income tax purposes. Please note that if you claim a tuition credit for your course fees, you may be requested by the Canada Customs and Revenue Agency to provide proof that, through taking the course, you were working toward an occupation or improving your skills in an occupation.

For Office Use Only

Payment: CASH _____ CHEQUE _____ VISA /MC _____ INTERAC _____ RECEIPT _____

Received by: _____ Date: _____

Confirmed by: _____ Date: _____