



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

2017 PROFESSIONAL DEVELOPMENT DAY
DISTANT THERAPEUTIC TOUCH®

LOCATION: _____

DATE: _____

TIME: _____

COST **\$50.00 for members** \$67.50 for non-members

FACILITATOR(S) _____

Beverages and Snacks provided.
Lunch: Have your favorite. Bring your own & your own mug.
You may want to bring a blanket for your rest time.

This is a day of support, practice, and learning for you and your Therapeutic Touch work.
It is open to anyone who has taken a Level 1 Therapeutic Touch workshop.

The focus of the day will be **Distant Therapeutic Touch**.

This Professional Development Day is **sponsored by The Therapeutic Touch Network of Ontario** and can be used as **an educational component toward MAINTAINING Recognized Practitioner status OR as eight hours toward ACHIEVING Recognized Practitioner status.**

REGISTRATION and PAYMENT should be forwarded to:

Name _____ Phone Number _____

Address _____



Please cut off and return this portion to register for the 2017 Professional Development Day

- I am a Therapeutic Touch Network Member - cheque enclosed for \$50.00
- I am NOT a Therapeutic Touch Network Member - cheque enclosed for \$67.50

Cheques made payable to _____ (NO CASH mailed please.)

Name _____ Phone _____

Address _____ City _____

Postal Code _____ Email _____

I have studied Level(s) _____ of Therapeutic Touch. My Practice Group is in _____

I give my permission to _____ to prepare a list of registrants that includes my contact information and to contact me about any further workshops that may be offered. I may unsubscribe at any time.

I give permission for a photo or video taken of me to be used in **inTouch** or on the TTNO website.

I am a workbook practitioner.

Signature _____ Date _____