



THE INSTITUTE OF THERAPEUTIC MASSAGE, INC.  
9508 SR 65, PO Box 350 Ottawa, OH 45875-0350 Ph# (419) 523-9580

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*A PROFESSIONAL EDUCATION FOR A PROFESSIONAL CAREER*

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**Check us out on the web at [www.instituteofmassage.com](http://www.instituteofmassage.com)**

### Workshop Registration

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph#: \_\_\_\_\_

Workshop Title: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

Profession Status:       Licensed Massage Therapist  
                                   Student  
                                   Other \_\_\_\_\_

Workshop Fees: \_\_\_\_\_

50% deposit required with registration, balance due at start of workshop. Refund of fees paid less a \$25.00 fee if registration is canceled 5 days prior to the workshop.

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