



CANADIAN MESOTHERAPY ASSOCIATION

School of Mesotherapy

15 Toscanini rd., Richmond Hill, ON, L4E 2Y9, tel. (416) 452-7498
email: info@mesocanada.com

Application for registration

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME PHONE: _____

FAX: _____ E-MAIL: _____

Educational History	Degree/Diploma/Certificate
Medical Experience	Location, Name of Clinic, Institution, Term

The following must be submitted:

- ✓ Proof of Canadian Citizenship or Landed Immigrant Status
- ✓ Copies of Educational Certificates/Diplomas/Degrees (foreign diplomas must be evaluated)
- ✓ Transcripts Issued Directly by Educational Institutions
- ✓ 2 recent pictures size colour photos (size 3 cm x 3.5 cm)
- ✓ \$50 registration fee (non-refundable) cheque or money order.

I certify that the above information is true and complete

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Comments:

Date: _____

Registration No.: