



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](mailto:RedPines@cnwsmt.com) / Fax: (518) 489-0522

<b>Course Title:</b>	
<b>Preferred Date(s):</b>	<b>Day(s) of the Week:</b>
<b>Time(s):</b>	
NCBTMB Approved Provider # or other ID # (if applicable)	
<b>Continuing Education Hours:</b>	
<b>Cost:</b>	
<i>Please note that we deduct a fee of \$3.95 for each registration and 4.95% for each credit card transaction to defer the costs of Online Registration. Please consider this when choosing the cost of the class.</i>	
<b>Minimum # of Students &amp; Maximum # of Students:</b>	Minimum # <u>    5    </u> Maximum # <u>                    </u>
<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.</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.*

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**Instructor Bio (Limit to 80 words):**

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**What will instructor provide?**

\_\_\_\_\_ 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, cd/Ipod player and folding tables. Please list any additional equipment you may require ex. overhead projector, laptop projector, TV/DVD player)*

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**Instructor Contact Info:**

Name/Credentials : \_\_\_\_\_

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: \_\_\_\_\_

Please complete this form on the computer and email back to [redpines@cnwsmt.com](mailto:redpines@cnwsmt.com). A \$25 fee will be imposed if not completed electronically. Thank you and we look forward to working with you.