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**COLLEGE OF CHIROPRACTORS OF ONTARIO  
RECORD KEEPING WORKSHOP  
REGISTRATION FORM**

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

Registration #: \_\_\_\_\_

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

Tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**WORKSHOP:**

| Date                            | Time                      | City    | Location  |
|---------------------------------|---------------------------|---------|---|
| February 16, 2012<br>(Thursday) | 11:30 a.m. . 3:30<br>p.m. | Toronto | CCO Office<br>130 Bloor Street West<br>Suite 902<br>Toronto, ON M5S 1N5<br>416-922-6355<br>1-877-577-4772 |

**WORKSHOP FEE:**

The workshop is **FREE** for CCO members writing the Legislation & Ethics examination and members within their **FIRST YEAR OF REGISTRATION** with CCO. There is a fee for all other CCO members ó \$200 per person.

**Please indicate your current status:**

- Writing the Legislation & Ethics examination on February 16, 2012
- CCO member within **FIRST** year of registration with CCO
- current CCO member ó \$200 cheque/money order, payable to the College of Chiropractors of Ontario, is enclosed (CCO will issue a receipt following the workshop)

*\*return this form to CCO to confirm your registration*

For additional information, please contact **Ms Rose Bustria**, at [bustria@cco.on.ca](mailto:bustria@cco.on.ca), or 416-922-6355, ext. 101.

*Version date: December 2011*