



ICTA Cupping Workshop Registration Form

| | | |
|---|--|----------------------------|
| Full Name | Mailing Address | Telephone Number(s) |
| Email Address (important) | Current Medical Licensure: RN, LMT/RMT, MD, LAc, PT, ND, etc | |
| Dates/Location of Workshop | State/Province of Issue and License # - | |
| Acupuncturists MUST provide license # for NCCAOM certificate | | |
| How you wish your name to appear on your certificate – (name only please) | | |
| How did you hear about this workshop? | Reason for taking the Cupping workshop: | |
| <ul style="list-style-type: none"> <input type="checkbox"/> ABMP <input type="checkbox"/> AMTA <input type="checkbox"/> Acupuncture Today <input type="checkbox"/> Email Contact from ICTA <input type="checkbox"/> Direct Mail from ICTA <input type="checkbox"/> DCA - California Dept. Acupuncture <input type="checkbox"/> Massage Today <input type="checkbox"/> Massage Magazine <input type="checkbox"/> NCBTMB <input type="checkbox"/> NCCAOM <input type="checkbox"/> NHPC – Natl Healthcare Practitioners Canada <input type="checkbox"/> Google or other online search engine <input type="checkbox"/> Friend or Professional Colleague <input type="checkbox"/> Other <input style="width: 150px; height: 15px;" type="text"/> | <p>Please Check One:</p> <p>NCBTMB CE Hours <input style="width: 40px;" type="text"/></p> <p>NCCAOM PDA Points <input style="width: 40px;" type="text"/></p> <p>Report to CE Broker? <input style="width: 40px;" type="text"/></p> | |
| Emergency Contact Name and Number – | | |

International Cupping Therapy Association

info@cuppingtherapy.org

425.999.2225

