

OUTREACH REGISTRATION - THERAPEUTIC TOUCH AWARENESS WEEK

MAY 4-10, 2023

PRINT CLEARLY: Send completed form to the TTNO, 10 Four Seasons Place, Suite 1000, Toronto, ON M9B 6H7 or scan and email to memberships@ttno.ca. If including a donation, you may use the Pay Online/Donations option and upload your registration form there. Deadline for registrations is May 2, 2022.

Thank you for participating in Therapeutic Touch Awareness Week.

Contact Information Release and Agreement: The Therapeutic Touch Network of Ontario (TTNO) would appreciate permission to use your name and contact information on the Therapeutic Touch Awareness Week pages of the TTNO Website and in the *inTouch*.

I give the my permission for the TTNO to list: **[Delete either yes or no in the space provided]**

My name *inTouch* || Website My Phone # *inTouch* || Website My Email *inTouch* || Website

Signature Required _____ Date _____

To be completed by the Outreach Lead.

Upon registration you will receive the TT Awareness Week Tool Kit and Media Kit Binders by email.

CONTACT INFO	Name				Phone #:
	Address				
	City		Province:		Postal Code:
	Email		Member Category: <input type="checkbox"/> GM <input type="checkbox"/> RP <input type="checkbox"/> RT <input type="checkbox"/> RM		

OUTREACH 1	<i>TT Awareness Week Outreach Partners</i>	
	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time

DONATION	<p><i>There is no longer a fee for outreach activities.</i> However, donations to the TTNO are still appreciated.</p> <p>To donate</p> <p>By e-transfer to memberships@ttno.ca</p> <p>By credit card, please call the office at 416-649-5885</p> <p>You may also use the TTNO Website Pay Online/ Donations option and upload your registration form as you make your donation.</p> <p>PAY ONLINE https://www.therapeutictouchontario.org/product/donation/</p>
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FOR INFORMATION: Visit our WEBSITE at www.therapeutictouchontario.org or FACEBOOK at <https://www.facebook.com/groups/ttnosm/>
Remember to **FORWARD YOUR HIGHLIGHTS AND PICTURES** with permissions to adcooke141@gmail.com

Please use the following pages to add more events

EVENT REGISTRATION FORM THERAPEUTIC TOUCH AWARENESS WEEK

EVENT 2	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 3	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 4	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 5	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 6	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 7	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 8	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time

EVENT REGISTRATION FORM THERAPEUTIC TOUCH AWARENESS WEEK

EVENT 9	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 10	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 11	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 12	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 13	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 14	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time
EVENT 15	Name of Partner	Outreach Location
	<u>Using Therapeutic Touch® in your description, provide a title for your outreach event.</u>	Date & Time