

**OUTREACH REGISTRATION - THERAPEUTIC TOUCH AWARENESS WEEK**

**MAY 6-13, 2026**

**PRINT CLEARLY:** Send completed form to the TTNO, 10 Four Seasons Place, Suite 1000, Toronto, ON M9B 6H7 or email to [memberships@ttno.ca](mailto:memberships@ttno.ca). If including a donation, you may use the [Pay Online/Donations](#). Deadline for registrations is May 5, 2026.

Note: The registration form is available as a word document. Contact [adcooke141@gmail.com](mailto:adcooke141@gmail.com)

Thank you for participating in Therapeutic Touch Awareness Week.

<p><b>Contact Information Release and Agreement:</b> 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 <i>InTouch</i>.</p> <p>I give my permission for the TTNO to list:</p> <p><b>My name</b> <i>InTouch</i> Yes No    <b>Website</b> Yes No    <b>My Phone</b> <i>InTouch</i> # Yes No    <b>Website</b> Yes No</p> <p><b>My Email</b> <i>InTouch</i> Yes No    <b>Website</b> Yes No</p> <p><b>Signature Required</b> _____ <b>Date</b> _____</p>	
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**To be completed by the Outreach Lead.**

Upon registration you will receive the TT Awareness Week Media Kit Binder by email.

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

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

<b>DONATION</b>	<p><b>Donations to the TTNO are always appreciated.</b></p> <p>To donate:</p> <p>By e-transfer to <a href="mailto:memberships@ttno.ca">memberships@ttno.ca</a></p> <p>By credit card, please call the office at 416-649-5885</p> <p>You may also use the TTNO Website <a href="#">Pay Online/Donations</a> option for your donation.</p>
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**FOR INFORMATION:** Visit our WEBSITE at [www.therapeutictouchontario.org](http://www.therapeutictouchontario.org) or FACEBOOK at <https://www.facebook.com/groups/ttnosm/>  
Remember to **FORWARD YOUR HIGHLIGHTS AND PICTURES** with permissions to Alison at [adcooke141@gmail.com](mailto: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