

Calgary College of Holistic Health & Clinics Inc.



MAILING ADDRESS ONLY

(For registration and information)
412 Silver Valley Rd. N.W
Calgary, Alberta, Canada T3B 4B9
Tel: (403) 288-4511
www.cchh.ca

TEACHING LOCATION ONLY

(No mail delivery)
University of Calgary, Faculty of Kinesiology
Olympic Oval and Kinesiology Complex
2500 University Drive N.W.
Calgary, Alberta

Therapeutic Stone Massage



Therapeutic Stone Massage promotes physical and spiritual balancing by using the energies of warm volcanic stones to relax the body at its deepest level. This ancient healing modality moves energy to depleted areas, relieves sore muscles, and produces a soothing and meditative state of peace, calm and balance. It is a specialty massage that uses smooth stones in various temperatures for various purposes in healing. It is a thermal therapy as heat and cold are used with their individual properties and applications.

Times & dates:

- ❖ **Spring Class 2012**
 - 2 Weekends
 - April 28 & 29
 - May 5 & 6
- 10:00am – 5:30pm

Fee: Regular Fee: \$950
Early Registration : \$800

Detailed in-class instruction will introduce you to the world of spas and their endless benefits. On-site practice will give you a first-hand experience of spa therapies and will help you grasp the enormous therapeutic benefits of spas. We will also thoroughly discuss how to incorporate such therapies in your practice and in your everyday life.

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THERAPEUTIC STONE MASSAGE COURSE REGISTRATION FORM

Name _____ Telephone _____ E-mail _____

Address, Postal Code, City _____

- Circle one of the payment options below: **Amount Enclosed:**

1. **Registration fee only: \$150** (non-refundable) (remaining \$650 to be paid on first day of classes)
2. **Full Payment: \$800** (includes \$150 registration fee)

Please make certified Cheque or Money Order, (do not send cash by mail) payable to:
Calgary College of Holistic Health & Clinics Inc. Payment can also be sent by Visa or Master Card

Name on Credit Card: _____ Credit Card #: _____ Expiry: _____

Signature _____ Date _____