



# ACUPUNCTURE COUNCIL OF ONTARIO

187 MADISON AVENUE, TORONTO, ONTARIO M5R 2S6

Tel. (416) 929 5888

Fax. (416) 929 6606

## Registration Form for the Acupuncture Council of Ontario Exam

Name Given Name Middle Initial

---

Address City/Town Postal Code

---

Home Telephone Business Telephone

---

Professional College When

---

Acupuncture Training (please submit certificate)

---

Registration fee \$500.00

Payment Type  Cheque  
 Visa (card # \_\_\_\_\_ expiry: / / )

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

To register please submit the above information and payment to the ACO office.  
The exam will be held at the

Canadian Memorial Chiropractic College  
6100 Leslie Street, Toronto

Date TBA

The fee is non-refundable.