



Ontario
Chiropractic
Association

The OCA welcomes and thanks you for your interest in becoming our partner. Please complete the form below and a representative will be in touch with you to discuss the potential of a partnership.

Company name:

Representative name:

Representative title:

Phone #:

Email address:

Company website address:



Continuing Education Program

1. Tell us about the continuing education program you can offer our OCA members

Please list the CE topics you can offer our OCA members:	FORMAT	COST	TIME OF YEAR	ATTENDEE KNOWLEDGE LEVEL	PROMOTIONAL BLURB
	<i>Indicate suggested format for delivering CE topics e.g. webinar, template, checklist, article etc.</i>	<i>Indicate cost of CE (preference will be given to free CE)</i>	<i>Indicate month e.g. January, Any-time etc.</i>	<i>Indicate Beginner, Intermediate or Advance</i>	
1. .	Other:				
2. .	Other:				
3. .	Other:				
4. .	Other:				
5. .	Other:				



References

2. Please include a minimum of three references.

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3. Have you worked with other similar Associations? If so, please list.

Other

4. Describe your expectations of the partnership program?

5. Is there anything else we should know? We recommend including links to videos, attachments/links to written submissions etc.

We are looking forward to building a rewarding relationship for everyone.

Please email us the completed form at your earliest convenience.