



CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM (CFNHMP) REGISTRATION FORM

First Name:		Last Name:	FNHMA Member #:
Organization Name:		Position:	
Preferred Contact/Shipping Address:			
City:	Province:	Postal Code:	Telephone:
Email:			

Previous course taken (if applicable):

Base fees per course:*	Select your course: <i>only check 1 box</i>	
<input type="checkbox"/> FNHMA Member: \$2300.00	<input type="checkbox"/> 100 – First Nations Health Landscape <i>January 22 to 26, 2024 Winnipeg, MB</i>	<input type="checkbox"/> 200 – High Performing Strategic Organizations <i>April 8 to 12, 2024 Winnipeg, MB</i>
<input type="checkbox"/> Non-Member: \$2875.00		
<small>*Become a member or renew now by visiting our website or contact us at the email below.</small>		

Tax is based on your province of residence. Please select one:	FNHMA Member	Non-Member Rate
<input type="checkbox"/> AB, BC, MB, NT, NU, QC, SK, YT (5% GST)	\$2415.00	\$3018.75
<input type="checkbox"/> ON (13% HST)	\$2599.00	\$3248.75
<input type="checkbox"/> NB, NF, NS, PE (15% HST)	\$2645.00	\$3306.25
<input type="checkbox"/> GST/HST exempt (no tax) *	\$2300.00	\$2875.00

*I have included a letter of exemption from my employer or a copy of my status card (*you must have an on-reserve mailing address*)

I have enclosed a cheque payable to "FNHMA (*please make sure to include who and what the cheque is for*)

Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date: /	Cardholder Signature:
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Name on Card:	Total Amount:
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Registration Policy: deadline is before course start date. **Payment Policy:** Sponsor will be invoiced for all students that take the courses. **Withdrawal Policy:** withdrawal before receiving "welcome email & binder" a full refund minus a \$200 administration fee will be given. Voluntary withdrawal submitted 5 days before in-class session starts will result in a refund of 50%. No refund will be given after Voluntary withdrawal deadline has passed.

I have read and understand the policies mentioned above:
Signature: _____ **Date:** _____