## First Nations Health Managers Association Association des gestionnaires de santé des Premières Nations

## **COURSE REGISTRATION FORM**

Course 100 Intensive October 7 – 11, 2019 Edmonton, AB

First Name:		Last Name:		FNHMA Member #:	
Organization Name:			Position:	<u>'</u>	
Street Address:					
City: Province:		F	Postal Code:	Telephone:	
Email:					
Fees:	Select your course(s):			Intensive session schedule:	
Intensive Format				Registration Deadline: Sept 6, 2019	
□ FNHMA Member \$2,300	IHMA Member \$2,300 100 – Health Issues and Systems			Course Pre-readings begin: Sept 9, 2019	
□ Non-Member \$2,875					
				<b>5 Day on site session in Edmonton, AB:</b> Oct 7 - 11, 2019	
				Post Session Activities Completed: Nov 8, 2019	
Total Course Fee with taxes included:  Tax is based on your province of residence. Please select one (GST/HST# 811344852):					
				th 14% HST added) \$	
□ ON, NB, NFLD, (with 13% HST added) \$			□ GST/HST	T exempt (no tax added)* \$	
□ NS, (with 15% HST added) \$			exemption j	* Please include proof of tax exemption at time of application (A letter of exemption from your employer and/or a copy of your status card – you must have an on-reserve mailing address)	
☐ I have enclosed a cheque payable to "FNHMA" ☐ Visa ☐ I				□ MasterCard	
Card Number: Expir			piry Date:	Cardholder Signature:	
Norman Card				A I D.I.I	
Name on Card:				Amount Paid:	
Registration deadline is 5 days before the term start date. Payment must be received prior to the course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to one day before the course start date. Withdraw fees are after the course start date are 50% until 5 days before the on-site session: (Please print and sign)					

Please return completed form to:

Signature:

Mail: 341 Island Road, Unit E, Akwesasne, ON K6H 5R7

Date:

Toll Free: 1-844-218-0440

Phone: 613-599-6070 Fax: 613-319-8092

Email: info@fnhma.ca www.fnhma.ca