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

# COURSE REGISTRATION FORM

## Course 300 Intensive
## January 27 – 31, 2020
## Toronto, ON

| | | |
|---|---|---|
| **First Name:** | **Last Name:** | **FNHMA Member #:** |
| **Organization Name:** | **Position:** | |
| **Street Address:** | | |
| **City:** | **Province:** | **Postal Code:** | **Telephone:** |
| **Email:** | | |

| **Fees:** | **Select your course(s):** | **Intensive session schedule:** |
|---|---|---|
| **Intensive Format**<br>□ **FNHMA Member $2,300**<br>□ **Non-Member $2,875** | **300 – Health Management Services I** | **Registration Deadline:** Dec 27, 2019<br>**Course Pre-readings begin:** Dec 30, 2019<br>**5 Day on site session in Toronto, ON:** Jan 27 - 31, 2020<br>**Post Session Activities Completed**: Feb 28, 2020 |

**Total Course Fee with taxes included:**

*Tax is based on your province of residence. Please select one (GST/HST# 811344852):*

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|---|---|---|---|
| □ QC, AB, SK, MB, BC, NWT, NV, YK (with 5% GST added) | $ | □ PEI, (with 14% HST added) | $ |
| □ ON, NB, NFLD, (with 13% HST added) | $ | □ GST/HST exempt (no tax added)* | $ |
| □ NS, (with 15% HST added) | $ | | |

** 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** □ **MasterCard**

| | | |
|---|---|---|
| **Card Number:** | **Expiry Date:** / | **Cardholder Signature:** |
| **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)**

**Signature:** **Date:**

Please return completed form to:
Mail: 341 Island Road, Unit E, Akwesasne, ON K6H 5R7
Toll Free: 1-844-218-0440
Phone: 613-599-6070 Fax: 613-319-8092
Email: info@fnhma.ca
www.fnhma.ca