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

COURSE REGISTRATION FORM

Course 500 Intensive
December 9 - 13, 2019
Saskatoon, SK

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 □ **FNHMA Member $2,300** □ **Non-Member $2,875**	**500 – Professionalism, Ethics and Cultural Awareness**	**Registration Deadline:** Nov 8, 2019 **Course Pre-readings begin:** Nov 11, 2019 **5 Day on site session in Saskatoon, SK:** Dec 9 - 13, 2019 **Post Session Activities Completed**: Jan 10, 2020

Total Course Fee with taxes included: *Tax is based on your province of residence. Please select one (GST/HST# 811344852):*

□ 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:**

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