

MENTAL HEALTH FIRST AID CANADA FOR ADULTS WHO INTERACT WITH YOUTH PARTICIPANT REGISTRATION FORM

DATE OF WORKSHOP: **March 26-27 2018** – **Deadline to Register* - March 19, 2019*

Course will be from **8:30am-5:30pm** each day (*You must attend both days in full to receive certificate*)
(*Lunch will be on your own and please ensure your own comforts - dress in layers, bring desired snacks/beverages etc.*)

Location:

Rooms 141 and 143, Administration Bldg of Northern Health Region (NRHA)
867 Thompson Drive, Thompson, MB

REGISTRANT INFORMATION \$100.00 per participant

(if writing a cheque, please make out to "HOPE North Suicide Prevention Committee")

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: (Home) _____ (Work) _____

EMAIL ADDRESS: _____

OCCUPATIONAL INFORMATION

NAME OF ORGANIZATION: _____

TITLE / POSITION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

FAX: _____

****The following **MUST** be completed **BY EMPLOYER** if you are registering through your organization****

AUTHORIZING NAME: _____

TITLE / POSITION: _____

BILLING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

METHOD OF PAYMENT: Cash Cheque

AUTHORIZING SIGNATURE: _____ DATE: _____

***PLEASE SEND REGISTRATION FORM TO: Tanya North *Deadline to Register* - March 19, 2019**

Fax to: (204) 778-1766 or Scan and email to: tnorth@nrha.ca

Office Use Only
Amount: _____
<input type="checkbox"/> Paid
Date: _____