

Mental Health First Aid Registration Form

Last Name:	
Phone Number:	
Organization:	
Name as it is to appear on	invoice/receipt:
Course location requested	:
Cost per participant: \$250.	00 + 5% GST = \$262.50
GST Exemption Information (if applica	ble):
Payment Method: (Select a	an option from the list below)
	to Carissa@listromtrainingandconsulting.com
Cheque (payable to Carissa	Listrom)
Direct deposit	
PayPal (additional \$8.00 fe	e per registration)
Terms and conditions:	
Full payment of the course fee is due 21 d	ays before the course begins. Payment options are listed above.
course fees minus a \$25.00 administration availability of seats. If a registrant provide issued but the registrant will have the opti	tion more than 21 days before the course begins are entitled to a full refund of fee or have the option to apply the registration fee to another course date pending is notice of cancellation less than 21 days before the course begins, no refund will be on to apply the registration fee to another course date pending availability of seats. Sued for cancellations received less than 5 business days prior to the course start date in the course.
circumstances. If this should be necessary	serves the right to cancel or reschedule a course due to low enrollment or unforeseed, LT&C will contact registrants by email or telephone, and a full refund will be additional costs, including but not limited to travel or accommodation expenses.
I agree to the terms and condit	ions listed above:
Printed Name:	Signature:

Listrom Training and Consulting 131 Vernon Cres, Regina, SK, S4R 7S8

Phone: (306) 526-2958 / Email: Carissa@listromtrainingandconsulting.com www.listromtrainingandconsulting.com

Commission of Canada

Mental Health Commission de la santé mentale du Canada

