Mental Health First Aid Registration Form

Last Name: ______________________  First Name: ______________________

Date of application: ____________________________

Phone Number: ____________________________

Email Address: ____________________________

Organization: ____________________________

Name as it is to appear on invoice/receipt: ____________________________

Course location requested: ____________________________

Course dates requested: ____________________________

Cost per participant: $250.00 + 5% GST = $262.50

GST Exemption Information (if applicable): ____________________________

Payment Method: (Select an option from the list below)

___ Electronic money transfer to Carissa@listromtrainingandconsulting.com
___ Cheque (payable to Carissa Listrom)
___ Direct deposit
___ PayPal (additional $8.00 fee per registration)

Terms and conditions:

Full payment of the course fee is due 21 days before the course begins. Payment options are listed above.

Registrants who provide notice of cancellation more than 21 days before the course begins are entitled to a full refund of course fees minus a $25.00 administration fee or have the option to apply the registration fee to another course date pending availability of seats. If a registrant provides notice of cancellation less than 21 days before the course begins, no refund will be issued but the registrant will have the option to apply the registration fee to another course date pending availability of seats. Refunds and transfer of fees will not be issued for cancellations received less than 5 business days prior to the course start date, and the registrant will forego their place in the course.

Listrom Training and Consulting (LT&C) reserves the right to cancel or reschedule a course due to low enrollment or unforeseen circumstances. If this should be necessary, LT&C will contact registrants by email or telephone, and a full refund will be provided. LT&C is not responsible for any additional costs, including but not limited to travel or accommodation expenses.

I agree to the terms and conditions 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