

## Mental Health First Aid Registration Form

Last	Name:	First Name:
Date	e of application:	
Ema	il Address:	
	Please	check this email frequently to ensure you receive all communications
Orga	anization:	
		n invoice/receipt:
		ed:
	•	5.00 + 5% GST = \$288.75
	• • •	cable):
Paym	nent Method: (Select	t an option from the list below)
E	lectronic money transfe	r to carissaclark17@hotmail.com
	heque (payable to Caris	
	Pirect deposit	,
	ayPal (additional \$8.00	ee per registration)
Term	s and conditions:	
A.	Full payment of the course fee	e is due 14 days from the date of registration. Payment options are listed above.
В.	Cancellation Policy	
	·	gistration the refunded amount will depend on when we are notified:
	<ul> <li>45 or more days price</li> <li>penalty</li> </ul>	or to course date: Refund minus \$50 administration fee <u>OR</u> move to a later date with no
	' '	course date: 50% refund
	, ,	ior to course date: Non-refundable
C.	_	ng (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.	
D.	•	y additional costs, including but not limited to travel or accommodation expenses.
E.	·	of age to register for and attend training.
F.	To attend the virtual training of	course (via Zoom) you must have access to a device with a working camera, microphone
	and speakers/headphones. Yo	u cannot share a single device with another attendee.
l agre	e to the terms and cond	itions listed above:
Printe	ed Name:	Signature:

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

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Mental Health
Commission de
Commission la santé mentale
of Canada du Canada

