



Registration & Payment Form

Mental Health First Aid

Name: _____

Address: _____

Work Phone: _____ Alternative Number: _____

E-mail: _____

Training Location and Date: _____

Payment Included: Yes No Payment Method: Cash Cheque Debit Credit Card

Please make cheque for \$160.00 payable to:

Canadian Mental Health Association, Brant-Haldimand- Norfolk

Credit Card Payment:

Visa Master Card American Express

Card Number: _____

Expiry Date: _____ / _____

CVV: _____ (on back of card)

If you're mailing your payment, please send it to: Canadian Mental Health Association, Brant-Haldimand-Norfolk, 395 Queensway West, Simcoe, ON N3Y 2N4. Please do not mail cash.

Charges include: Coffee breaks, Training Manual, and Certificate of Completion

Please note: To receive your Certificate of Completion attendance of both days is required. In order to keep training costs down for participants, **lunch will not be included.** There **will not** be any refunds provided for cancellations five days or less prior to the training. Registration fees for late cancellations can be deferred to future trainings.

Please direct all inquiries to Joanne Cleland, Canadian Mental Health Association, Brant-Haldimand-Norfolk at 519-428-2380, ext. 211, or e-mail at jcleland@cmha-hn.ca

For more information about the training, visit www.mhfa.ca

Tell us how you heard about this training?

- Newspaper _____
- Radio
- Friend
- Family training
- Internet
- Someone who has previous taken the training program.
- Other (Please explain)
