



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"

If you are mailing payment, please send to Canadian Mental Health Association, Brant Haldimand Norfolk, 44 King Street, Suite 203, Brantford, ON N3T 3C7

Credit Card Payment:

Visa Mastercard American Express

Card Number: _____

Expiry Date _____ / _____

CVV: _____ (on back of card)

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

Please note: To receive your Certificate of Completion, attendance is required on both days. 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, H.O.P.E. (Helping Ourselves through Peer support & Employment)

Phone: 519.751.1694

Fax: 519.751.0430

email: joanne@hopebrant.ca

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

Tell us how you heard about this training?

Newspaper _____

Radio

Friend

Family training

Internet

Someone who has previously taken the training program

Other (please explain) _____