



## 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 \$165.00 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](mailto:joanne@hopebrant.ca)

For more about the training, visit [www.mhfa.ca](http://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) \_\_\_\_\_