

Mental Health First Aid Registration Form

Last N	Name:	First Name:
Date	of application:	
Phone	e Number:	
Email	l Address:	
	Please check this	email frequently to ensure you receive all communications
Organ	nization:	
Name	e as it is to appear on invoic	e/receipt:
Cours	se location requested:	
Cours	se dates requested:	
	oer participant: \$275.00 + 5	
		·
Pavme	ent Method: (Select an opti	on from the list helow)
_	ectronic money transfer to cariss	
	neque (payable to Carissa Listron	
		')
	rect deposit	
Pay	ayPal (additional \$8.00 fee per re	gistration)
Terms	s and conditions:	
	Full payment of the course fee is due 14 do Cancellation Policy	ays from the date of registration. Payment options are listed above.
-	· · · · · · · · · · · · · · · · · · ·	e refunded amount will depend on when we are notified:
		date: Full refund <u>OR</u> move to a later date with no penalty
	• 30-44 days prior to course date:	
C. I	• Less than 30 days prior to course	edate: Non-refundable serves the right to cancel or reschedule a course due to low enrollment or
		ne necessary, LT&C will contact registrants by email or telephone, and a full
	refund will be provided.	
		costs, including but not limited to travel or accommodation expenses.
	You must be at least 18 years of age to reg	
	and speakers/headphones. You cannot sha	noom) you must have access to a device with a working camera, microphone are a single device with another attendee.
l agree i	to the terms and conditions list	ed above:
_	d Name:	

Listrom Training and Consulting

131 Vernon Cres, Regina, SK, S4R 7S8 Phone: (306) 526-2958 / Email: carissaclark17@hotmail.com

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

