



*First Nations Health Managers Association*  
*Association des gestionnaires de santé des Premières Nations*

## COURSE REGISTRATION FORM

**Course 100 Intensive, September 11-15,  
2017**

**Thunder Bay, ON**

<b>First Name:</b>		<b>Last Name:</b>		<b>FNHMA Member #:</b>	
<b>Organization Name:</b>			<b>Position:</b>		
<b>Street Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Telephone:</b>					
<b>Email:</b>					

<b>Fees:</b>		<b>Select your course(s):</b>		<b>Intensive session schedule:</b>	
<b>Intensive Format</b> <input type="checkbox"/> <b>FNHMA Member \$2,300</b> <input type="checkbox"/> <b>Non-Member \$2,475</b>		<b>100 – Health Issues and Systems</b>		<b>Registration Deadline:</b> August 7, 2017 <b>Course Pre-readings begin:</b> August 14, 2017 <b>5 Day on site session in Thunder Bay, ON:</b> September 11-15, 2017 <b>Post Session Activities Completed:</b> October 9, 2017	

**Total Course Fee with taxes included:**  
*Tax is based on your province of residence. Please select one (GST/HST# 811344852):*

<input type="checkbox"/> QC, AB, SK, MB, BC, NWT, NV, YK (with 5% GST added)\$	<input type="checkbox"/> PEI, (with 14% HST added) \$
<input type="checkbox"/> ON, NB, NFLD, (with 13% HST added) \$	<input type="checkbox"/> GST/HST exempt (no tax added)* \$
<input type="checkbox"/> NS, (with 15% HST added) \$	

*\* Please include proof of tax exemption at time of application (A letter of exemption from your employer and/or a copy of your status card – you must have an on-reserve mailing address)*

**I have enclosed a cheque payable to “FNHMA”**       **Visa**    **MasterCard**

<b>Card Number:</b>	<b>Expiry Date:</b>	<b>Cardholder Signature:</b>
	/	
<b>Name on Card:</b>		<b>Amount Paid:</b>

**Payment must be received prior to the course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to one day before the course start date. Withdraw fees after the course start date are 50% until 5 days before the on-site session: (Please print and sign)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to:  
 Mail: 325 Island Road, Unit 3, Akwesasne, ON K6H 5R7  
 Toll Free : 1844-218-0440  
 Phone : 613-599-6070 Fax: 613-319-8092  
 Email: info@fnhma.ca  
 www.fnhma.ca