



CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE REGISTRATION FORM

First Name:		Last Name:		FNHMA Member #:	
Organization Name:			Position:		
Preferred Contact/Shipping Address:					
City:		Province:		Postal Code:	
Telephone:			Email:		
Please select:		Select your course:		Intensive session schedule:	
<input type="checkbox"/> Candidate Member <input type="checkbox"/> Non-Member		<input type="checkbox"/> 100 – First Nations Health Landscape - Edmonton, AB		Course Pre-Readings Available: Sep 5, 2025 Virtual Orientation: Sep 26, 2025 5 Day on site session: Oct 6-10, 2025 Post session activities completed: Nov 23, 2025	
Tax is based on your province of residence. Please select one:		FNHMA Member Rate		Non-Member Rate	
<input type="checkbox"/> AB, BC, MB, NT, NU, QC, SK, YT (5% GST)		\$2415.00		\$3018.75	
<input type="checkbox"/> ON (13% HST)		\$2599.00		\$3248.75	
<input type="checkbox"/> NB, NF, NS, PE (15% HST)		\$2645.00		\$3306.25	
<input type="checkbox"/> GST/HST exempt (no tax) *		\$2300.00		\$2875.00	
Proof of Tax Exemption: The Recipient must provide official documentation confirming their eligibility for tax exemption. This may include, but is not limited to, a valid tax exemption certificate, a letter from employer with exemption number.					
<input type="checkbox"/> Cheque will be mailed and made payable to "FNHMA"					
Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			Expiry Date:		Total Amount:
Name on Card:			Cardholder Signature:		
Registration deadline is Wednesday before the in-person course start date. Payment must be received or sent prior to the course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to 30 days before the course start date. The request submitted up to 5 days before the first day of the in-class session starts will result in a refund of 50%. No refund will be given after 4 days before the first day of the in-class session starts. I have read and understand the policies mentioned above: Signature: _____ Date: _____					