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

Course Registration Form

Course 100 Intensive
October 26-30, 2026
Calgary, AB

Certified First Nations Health Managers Registration Form			
First Name:	**Last Name:**		**FNHMA Member #:**
Organization Name:		**Position:**	
Preferred Contact/Shipping Address:			
City:	**Province:**		**Postal Code:**
Telephone:		**Email:**	

Please select:	**Intensive session schedule:**	
☐ **Candidate Member** ☐ **Non-Member**	**Course Pre-Readings Available**: **5 Day on site session**: **Post session activities completed**:	Monday, October 5, 2026 Monday, October 26, 2026 - Friday, October 30, 2026 Sunday, December 13, 2026
☐ **I am sponsored**	**Sponsor Contact Name:**	**Sponsor Organization:**
	Sponsor Telephone:	**Sponsor Email:**

As a sponsored student, I authorize FNHMA to share my final course results (pass or fail) with my sponsor upon course completion.

Tax is based on your province of residence. Please select one:	**FNHMA Member Rate**	**Non-Member Rate**
☐ AB, BC, MB, NT, NU, QC, SK, YT (5% GST)	$2415.00	$3018.75
☐ ON (13% HST)	$2599.00	$3248.75
☐ NB, NF, NS, PE (15% HST)	$2645.00	$3306.25
☐ 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.

☐ **Cheque**
All cheques must be mailed payable to "FNHMA" and be accompanied by a completed CFNHM Course Registration Form.

Credit Card Number: ☐ **Visa** ☐ **MasterCard**	**Expiry Date:** /	**Total Amount:**
Name on Card:		**Cardholder Signature:**

Signature: **Date:**

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