



CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR REGISTRATION FORM

First Name:	Last Name:	FNHMA Member #:
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Organization Name:	Position:
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Preferred Contact/Shipping Address:

City:	Province:	Postal Code:
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Telephone:	Email:
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Please select:	Select your course:	Intensive session schedule:
<input type="checkbox"/> Candidate Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> 300 – Effective Programs & Services - Thunder Bay, ON	Course Pre-Readings Available: Apr 13, 2026 5 Day on site session: May 4 - 8, 2026 Post session activities completed: Jun 21, 2026

<input type="checkbox"/> I am sponsored	Sponsor Name:
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I am committed to completing the course I am registering for.

I agree to let FNHMA share a pass or fail grade with my sponsor at course completion.

Signature: _____ Date: _____

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: _____