First Nations Health Managers Association

Association des gestionnaires de santé des Premières Nations

COURSE REGISTRATION FORM

Course 500 Intensive
January 25 - 28, 2027
Thunder Bay, ON

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**: January 4, 2027 **5 Day on site session**: Monday, January 25 - Thursday, January 28, 2027 **Post session activities completed**: Sunday, March 14, 2027	
☐ **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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