



CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR 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"/> 400 – Efficient Organizations - Thunder Bay, ON	Course Pre-Readings Available: Aug 24, 2026 5 Day on site session: Sep 14 - 18, 2026 Post session activities completed: Nov 1, 2026
<input type="checkbox"/> I am sponsored	Sponsor Name:	
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:	
<p>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.</p>		
I have read and understand the policies mentioned above:		
Signature:	Date:	