



**CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR REGISTRATION FORM**

<b>First Name:</b>		<b>Last Name:</b>		<b>FNHMA Member #:</b>	
<b>Organization Name:</b>			<b>Position:</b>		
<b>Preferred Contact/Shipping Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Telephone:</b>			<b>Email:</b>		
<b>Please select:</b>		<b>Select your course:</b>		<b>Intensive session schedule:</b>	
<input type="checkbox"/> <b>Candidate Member</b>  <input type="checkbox"/> <b>Non-Member</b>		<input type="checkbox"/> <b>200 – High Performing Strategic Organizations - Edmonton, AB</b>		<b>Course Pre-Readings Available:</b> Nov 1, 2025 <b>5 Day on site session:</b> Dec 1-5, 2025 <b>Post session activities completed:</b> Jan 18, 2026	
<input type="checkbox"/> <b>I am sponsored</b>			<b>Sponsor Name:</b>		
<b>I am committed to completing the course I am registering for.</b> <b>I agree to let FNHMA share a pass or fail grade with my sponsor at course completion.</b> <b>Signature:</b> _____ <b>Date:</b> _____					
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.					
<b>I have read and understand the policies mentioned above:</b>  <b>Signature:</b> _____ <b>Date:</b> _____					