



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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                         |                              |                                                                                                                                             |                        |
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| <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><br><br><input type="checkbox"/> <b>Non-Member</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> <b>300 – Effective Programs &amp; Services - Saskatoon, SK</b> |                              | Course Pre-Readings Available: Oct 24, 2025<br>5 Day on site session: Nov 24 to 28, 2025<br>Post session activities completed: Jan 11, 2025 |                        |
| <b>Tax is based on your province of residence. Please select one:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                         | <b>FNHMA Member Rate</b>     |                                                                                                                                             | <b>Non-Member Rate</b> |
| <input type="checkbox"/> AB, BC, MB, NT, NU, QC, SK, YT (5% GST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                         | \$2415.00                    |                                                                                                                                             | \$3018.75              |
| <input type="checkbox"/> ON (13% HST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                         | \$2599.00                    |                                                                                                                                             | \$3248.75              |
| <input type="checkbox"/> NB, NF, NS, PE (15% HST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                         | \$2645.00                    |                                                                                                                                             | \$3306.25              |
| <input type="checkbox"/> GST/HST exempt (no tax) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                         | \$2300.00                    |                                                                                                                                             | \$2875.00              |
| <b>Proof of Tax Exemption:</b> 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.                                                                                                                                                                                                                                                                                     |  |                                                                                         |                              |                                                                                                                                             |                        |
| <input type="checkbox"/> <b>Cheque</b> will be mailed and made payable to "FNHMA"                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                         |                              |                                                                                                                                             |                        |
| <b>Credit Card Number:</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                         | <b>Expiry Date:</b>          |                                                                                                                                             | <b>Total Amount:</b>   |
| <b>Name on Card:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                         | <b>Cardholder Signature:</b> |                                                                                                                                             |                        |
| Registration deadline is Wednesday before the in-person course start date. Payment must be received or sent prior to course start date. Participants may cancel and receive a refund minus a \$200 administration fee up to 30 days before the course start date. 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>                 |                                                                                                                                             |                        |