

COURSE REGISTRATION FORM

Course 200 Intensive Sep 22 to 26, 2025 Saskatoon, SK

CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM INTENSIVE SPONSOR REGISTRATION FORM				
Last Name:			FNHMA Member #:	
Position:				
Preferred Contact/Shipping Address:				
Province:	rovince: Pos		ostal Code:	
Email:				
Select your course:		Intensiv	Intensive session schedule:	
	•	5 Day on si	e-Readings Available: Aug 22, 2025 ite session: Sep 22 to 26, 2025 on activities completed: Nov 9, 2025	
sored Sponsor Na		ame:		
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.				
Date:				
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.				
I have read and understand the policies mentioned above:				
		Date:		
	Last Name: Province: Select your course: 200 – High Performing Strategic Organization Saskatoon, SK the course I am registering ass or fail grade with my specified minus a \$200 administration to day of the in-class session starts sion starts.	Position: Province: P Email: Select your course: 200 – High Performing Strategic Organizations - Saskatoon, SK Sponsor Na the course I am registering for. ass or fail grade with my sponsor at course to the in-person course start date. Paymen refund minus a \$200 administration fee up to t day of the in-class session starts will result in sion starts.	Position: Postal Code:	

Membership/Education Coordinator: chelsea.thornton@fnhma.ca Website: www.fnhma.ca