

MHFA WORKSHOP REGISTRATION FORM

Please complete this form in BLOCK LETTERS.

PERSONAL DETAILS

NAME:

ADDRESS :

EMAIL :

TELEPHONE NO:

EMPLOYER :

☐ EMPLOYER N/A: Check if Not Applicable

WORKSHOP: Please tick (✓)

<input type="checkbox"/> Monday March 8 & 10, 2021	\$175.00
<input type="checkbox"/> Monday April 26 & 28, 2021	\$175.00
<input type="checkbox"/> Monday June 14 & 16, 2021	\$175.00
<input type="checkbox"/> Monday August 23 & 25, 2021	\$175.00
<input type="checkbox"/> Monday October 18 & 20, 2021	\$175.00
<input type="checkbox"/> Monday December 6 & 8, 2021	\$175.00

COURSE FEE

HOW DID YOU HEAR ABOUT THE WORKSHOPS?

(You may tick more than one)

- ☐ MHFA Website
- ☐ The Spectator
- ☐ Community News
- ☐ CFS Website
- ☐ CFS Facebook
- ☐ CHCH TV
- ☐ Twitter
- ☐ Workplace
- ☐ Friend

Other:

Mental Health First Aid Workshop includes: Two Days of Training, Manual & Handouts. Upon completion of the workshop participant will receive a MHFA Certificate. The workshop is interactive, so be prepared to enjoy yourself while learning how to support a colleague or friend.

PAYMENT:

☐ Cheque (made payable to Catholic Family Services of Hamilton)
460 Main Street East, Unit 404, Hamilton, ON L8N 1K4

☐ Credit Card: VISA MasterCard American Express

Card Number

Expiry Date

3-Digit Security Code

Card Holder Name

Signature:

Date:

Cancellation Policy:

Five (5) full business days notice of attendance cancellation is required in order to provide a full refund or to re-schedule to another training date. Cancellation with less than 5 full business days notice will result in no refund.

FOR OFFICE USE ONLY:

Workshop :
Amount Paid :
Paid Date :
Receipt No. :