



**CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM (CFNHMP) 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>			

**Previous course taken (if applicable):**

<b>Base fees per course:*</b>	<b>Select your course: <i>only check 1 box</i></b>	
<input type="checkbox"/> <b>FNHMA Member: \$2300.00</b> <input type="checkbox"/> <b>Non-Member: \$2875.00</b>  <small>*Become a member or renew now by visiting our website or contact us at the email below.</small>	<b>500 – The Professional First Nations Health Manager</b>  <i>April 7 to 10, 2025</i> <i>Winnipeg, MB</i>	<input type="checkbox"/>

<b>Tax is based on your province of residence. Please select one:</b>	<b>FNHMA Member</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

\*I have included a letter of exemption from my employer or a copy of my status card (*you must have an on-reserve mailing address*)

I have enclosed a cheque payable to "FNHMA (*please make sure to include who and what the cheque is for*)

<b>Credit Card Number:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<b>Expiry Date:</b> /	<b>Cardholder Signature:</b>
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<b>Name on Card:</b>	<b>Total Amount:</b>
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**Registration Policy:** deadline is before course start date. **Payment Policy:** Sponsor will be invoiced for all students that take the courses. **Withdrawal Policy:** withdrawal before receiving "welcome email & binder" a full refund minus a \$200 administration fee will be given. Voluntary withdrawal submitted 5 days before in-class session starts will result in a refund of 50%. No refund will be given after Voluntary withdrawal deadline has passed.

**I have read and understand the policies mentioned above:**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_