



Workshop Registration Form

Each registration form **must be completed in full** to be processed.

Name: 1. _____
2. _____
3. _____

Agency: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone: (w) _____ (c) _____ (f) _____

WORKSHOP	Dates (Please fill in)	PRICE
ASIST	_____	\$165.00
Counselling the Bereaved	_____	\$95.00
Mental Health First Aid	_____	TBA
River of Life	_____	\$145.00
safeTALK	_____	\$90.00
Straight Talk	_____	\$120.00
Tattered Teddies	_____	\$95.00

Payment in full is required before the scheduled workshop. Space will not be reserved without payment. CMHA – Edmonton Region reserves the right to cancel workshops if minimum registration numbers are not met.

Visa/MC #: _____ Expiry Date: _____

Card Holder's Signature: _____

Invoice Agency: _____

Cheque or money order enclosed – Payable to:
CMHA – Edmonton Region
Harley Court Building
800, 10045 – 111 Street
Edmonton, Alberta T5K 2M5

Please visit our website for workshop descriptions and schedule:
www.cmha-edmonton.ab.ca

Cancellation Policy: If a participant withdraws from a workshop, a **\$ 35.00 cancellation fee** will apply. If a participant withdraws less than 2 business days prior to the workshop, **no refund** will be issued. If a participant chooses to transfer workshop dates, a **\$ 10.00** transfer fee will apply.

[Type text]