



Canadian Mental
Health Association
New Brunswick
Mental health for all

Changing Minds

REGISTRATION FORM

To register, please email to info@cmhanb.ca or fax (506) 459-3878.

PLEASE PRINT CLEARLY – NAME ON REGISTRATION FORM WILL REFLECT THE NAME ON CERTIFICATE		
Name:		Title:
Organization:		
Billing Address:		
Tel:	E-mail:	
WHICH CHANGING MINDS WORKSHOP ARE YOU REGISTERING FOR?		
Location:		Date(s):
PAYMENT METHOD – YOUR SPOT IS NOT CONFIRMED UNTIL PAYMENT IS RECEIVED. PLEASE HIGHLIGHT ONE OF THE BELOW OPTIONS:		
Credit card by phone	Cheque in the mail	Employer to be invoiced (Please include billing address above)
Do you require a payment receipt? YES NO		

PAYMENT CANNOT BE ACCEPTED ON THE DAY OF TRAINING; ALL FEES MUST BE PAID WITH REGISTRATION FORM TO CONFIRM YOUR SPOT

Registration Fee: Regular \$34.50 (tax inc.) EFFECTIVE DATE: April 1, 2018	Please make cheque payable to: Canadian Mental Health Association of New Brunswick 403 Regent Street, Suite 202 Fredericton, NB E3B 3X6 Tel: 455-5231 or info@cmhanb.ca
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CMHA of NB reserves the right to cancel for insufficient numbers, inclement weather, change the program date, meeting place and assumes no liability for these changes. Cancellations will be accepted until ten days prior to training date, subject to an administrative fee of \$20.00 plus applicable taxes. Please note that if you register for the training and do not attend, you are liable for the full registration fee unless you cancel by the date noted above. If CMHA of NB is able to replace your cancelled seat, you will not be charged. Therefore, please contact CMHA of NB as soon as possible if you are unable to attend.

Signature required: _____

Date: _____