|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| **CERTIFIED FIRST NATIONS HEALTH MANAGERS PROGRAM (CFNHMP) REGISTRATION FORM**  **Winter 2023** | | | | | | | | | | | |
| **First Name:** | | **Last Name:** | | | | | | | | | **FNHMA Member #:** |
| **Organization Name:** | | | | | **Position:** | | | | | | |
| **Preferred Contact Address:** | | | | | | | | | | | |
| **City:** | **Province:** | | | **Postal Code:** | | | | | | **Telephone:** | |
| **Email:** | | | | | | | | | | | |
| **Base Fees per course:** | **Select your course(s): *(limit of 2 per session)*** | | | | | | | | | **Start dates:** | |
| **FNHMA Member:**  **$1800.00**  **Non-Member:**  **$2250.00** | **100 – The First Nations Health Landscape**  **200 – High Performing Strategic Organizations**  **300 – Effective Programs and Services**  **400 – Efficient Organizations**  *Course 500 – The Professional First Nation Health Manager* is only offered during our Spring session | | | | | | | | | **100 – Jan 31 to Apr 18, 2023**  **200 – Jan 25 to Apr 12, 2023**  **300 – Jan 31 to Apr 18, 2023**  **400 – Jan 25 to Apr 12, 2023** | |
| **Total Course Fee with taxes included:**  *Tax is based on your province of residence. Please select one (GST/HST# 811344852):* | | | | | | | | | | | |
| **FNHMA Member Rate** | | | | | | **Non-Member Rate** | | | | | |
| AB, BC, MB, NT, NU, QC, SK, YT (with 5% GST added) $1890.00 | | | | | | $2362.50 | | | *\* Please include proof of tax exemption at time of application (A letter of exemption from your employer or band – you must have an on-reserve mailing address)* | | |
| ON (with 13% HST added) $2034.00 | | | | | | $2542.50 | | |
| NB, NF, NS, PE (with 15% HST added) $2070.00 | | | | | | $2587.50 | | |
| GST/HST exempt (no tax added)\* $1800.00 | | | | | | $2250.00 | | |
| **I have enclosed a cheque payable to** “**FNHMA - 341 Island Rd, Unit E Akwesasne, ON K6H 5R7**“ | | | | | | | | | | | |
| **Card Number:** | | | **Expiry Date:**  **/** | | | | **Cardholder Signature:** | | | | |
| **Name on Card:** | | | | | | | | | | **Amount Paid:** | |
| **Registration deadline is 5 days before the term start date. Payment must be received prior to the course start date. Participants may cancel and receive a refund minus a $200 administration fee up to 10 days after the course start date. Refunds will not be available more than 10 days into the course. I have read and understand the aforementioned policies:** | | | | | | | | | | | |
| **Signature:** | | | | | | | | **Date:** | | | |