



LISTROM TRAINING
— & CONSULTING —

Mental Health First Aid Registration Form

Last Name: _____ First Name: _____

Date of application: _____

Phone Number: _____

Email Address: _____

Organization: _____

Name as it is to appear on invoice/receipt: _____

Course location requested: _____

Course dates requested: _____

Cost per participant: \$250.00 + 5% GST = \$262.50

GST Exemption Information (if applicable): _____

Payment Method: (Select an option from the list below)

Electronic money transfer to Carissa@listromtrainingandconsulting.com

Cheque (payable to Carissa Listrom)

Direct deposit

PayPal (additional \$8.00 fee per registration)

Terms and conditions:

Full payment is due upon registration. Registration fees are non-refundable however seats can be transferred.

Listrom Training and Consulting (LT&C) reserves the right to cancel or reschedule a course due to low enrollment or unforeseen circumstances. If this should be necessary, LT&C will contact registrants by email or telephone, and a full refund will be provided. LT&C is not responsible for any additional costs, including but not limited to travel or accommodation expenses.

I agree to the terms and conditions listed above:

Printed Name: _____ *Signature:* _____

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Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

**Mental Health
First Aid Canada** 