

## Registration & Payment Form

### Mental Health First Aid

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work  
Phone:** \_\_\_\_\_

**Alternate  
Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Training start date:** \_\_\_\_\_

Payment included?  YES  NO

Payment Method:  Cash  Cheque  Credit Card  E-Transfer

**Please make cheques payable to:**

**"Canadian Mental Health Association, BHN"**

If you are mailing your payment, please send to:

Canadian Mental Health Association, BHN  
44 King Street, Suite 203  
Brantford, ON N3T 3C7

**Credit Card Payment:**

Visa  Mastercard  American Express

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_  
(on back of card)

**The course fee is \$190. \*E-Transfers can be sent to: [helping@hopebrant.ca](mailto:helping@hopebrant.ca)**

**Please Note:** In order to receive your Certificate of Completion, Module 1 must be completed, and attendance is mandatory for both Modules 2 & 3. There will not be any refunds provided for cancellations five days or less prior to the training. Registration fees for late cancellations can be deferred to future trainings.

**Mental Health First Aid VIRTUAL:** Module 1 self directed training must be completed within 48 hours of the start of the online virtual training date

\*Please return completed registration form to [sandy@hopebrant.ca](mailto:sandy@hopebrant.ca)

Please direct any inquiries to Sandra Bell, H.O.P.E. (Helping Ourselves through Peer support & Employment)  
Phone: 519-751-1694 email: [sandy@hopebrant.ca](mailto:sandy@hopebrant.ca)

**Tell us how you heard about this training?** \_\_\_\_\_