

THANK YOU FOR CONTACTING US ABOUT MENTAL HEALTH FIRST AID! WE ARE THRILLED YOU WILL BE JOINING US November 14 & 15, 2017 in Saskatoon.

Please complete the registration form below.

**Registration Form MUST be received prior to November 7, 2017 (Scan and email to [info@bridgeshealth.com](mailto:info@bridgeshealth.com))**

Participant Name: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

**Enclosed \$195 + 5% GST cheque** (Please make cheque payable to the Bridges Health).  
*Send to Bridges Health 10-2220 Northridge Drive, Saskatoon, S7L 6X8)*

**Electronic Money Transfer of \$195 + 5% GST** (Please send to [laurette@bridgeshealth.com](mailto:laurette@bridgeshealth.com).  
*Password mhfirstaid*

**Please invoice my organization \$195 + 5% GST per individual**

*Name and address of Organization to be invoiced:*

\_\_\_\_\_

*Accounts Payable contact:* \_\_\_\_\_ *email* \_\_\_\_\_

### **Cancellation Policy for MHFA Basic Course**

This is to state that Bridges Health reserves the rights to cancel a scheduled course within 7 days of the date of commencement. You, (the participant), will have the right to choose a) a full refund of payment for the course you were registered in b) to register for the next available course with the payment that was previously submitted.

If you (the participant) are unable to attend the course or need to cancel your registration within ten days of the course commencement, there will **be no refund of payment**. You may register for the next available course without penalty.

Should you require additional information about the workshop please call:

Ashley Breland  
Program Coordinator/MHFA Instructor  
Bridges Health  
10-2220 Northridge Drive  
Saskatoon, SK  
S7L 6X8  
[ashley@bridgeshealth.com](mailto:ashley@bridgeshealth.com)