Registration Form 2007-08



CANADIAN MENTAL HEALTH ASSOCIATION

ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

PEEL BRANCH

Please check the workshop(s) that you want to register for and complete the information below! Fax # 905-456-7492 Mail: 102-2 County Court Blvd., Brampton, ON L6W 3W8

| Event Information | | | | | | | | |
|-------------------|---------------------------------|---------------------|---------------------|-------|-------------|--|--|--|
| Yes | Title | Date | Time | Fees | Deadline | | | |
| | ASIST (suicide intervention) | March 31 & Apr 1/08 | 8:30 a.m 4:30 p.m. | \$175 | March 25/08 | | | |
| | ASIST (suicide intervention) | April 28 & 29/08 | 8:30 a.m 4:30 p.m. | \$175 | April 22/08 | | | |
| | ASIST (suicide intervention) | June 23 & 24/08 | 8:30 a.m 4:30 p.m. | \$175 | June 17/08 | | | |
| | Mental Health for Life | May 6/08 | 7:00 p.m 9:00 p.m. | *Free | April 30/08 | | | |
| | Mental Health Works: | | | | | | | |
| | Complex Issues, Clear Solutions | April 17/08 | 9:00 a.m 4:30 p.m. | \$230 | April 11/08 | | | |
| | Complex Issues, Clear Solutions | May 6/08 | 8:30 a.m 4:30 p.m. | \$230 | April 30/08 | | | |
| | Issues and Solutions | April 3/08 | 11:30 a.m 2:30 p.m. | \$100 | March 28/08 | | | |
| | Workplace Influence | April 10/08 | 12:00 p.m 2:00 p.m. | \$75 | April 4/08 | | | |

Discounted Fees

Check the appropriate box! Limited spots available at discounted rates. Maximum of five (5) spots for students and two (2) spots for consumers. Student I.D. required.

| | Event Title | n/a | ASIST | n/a | MHWrks. | MH4Life | Payment required in advance to |
|--|-------------------|-----|-------|-----|-----------|---------|---|
| | CMHA/Peel Members | n/a | \$175 | n/a | Fees vary | free | secure spot. Please register early. At time of registration, please let us |
| | Students | n/a | \$100 | n/a | n/a | n/a | know if you require any accommodations. |
| | Consumers | n/a | \$40 | n/a | n/a | n/a | No lunch provided. |

| Participant Information | | | | | | | | |
|-------------------------|----------------------------------|--|-------------|--|-------|----------|--|--|
| Comp | any | | | | | | | |
| Name | | | | | Title | | | |
| Department | | | | | Fax | | | |
| Street | | | | | | Ph./Cell | | |
| City | City | | Postal Code | | | Email | | |
| Name | Name as to Appear on Certificate | | | | | | | |

| Payment Details | | | | | | | | |
|-----------------|------------------------------|-----------|-------------|---|--|--|--|--|
| Full Fees | Applicable Discount | Owing | | Paid | | | | |
| Method | Credit Card # OR Chq. # & Ba | ink Expir | Expiry Date | | Cancellation Policy | | | |
| Chq. | n/a | n/a | | Refunds available up to and including the registration deadline less a \$25 administration fee. A substitute may | | | | |
| Visa | | | | attend, but only one person may occupy the spot. Deposits may be required for group bookings and are non- | | | | |
| M/C | | | | | refundable. CMHA/Peel reserves to right to cancel a session due to insufficient registration. | | | |
| Card holde | r Name | | Signature | | | | | |