

Registration Form

Workshops & Presentations



Canadian Mental
Health Association
Peel
Mental health for all

Association canadienne
pour la santé mentale
Peel
La santé mentale pour tous

601 – 7700 Hurontario Street, Brampton, ON L6Y 4M3

Contact Information

Name:	
Organization:	
Address:	
Postal Code, Province:	
Telephone:	
Email:	
Additional Information?	

Workshop Information

Workshop/Presentation	Date	Cost

Payment Information

Credit Card #	C.C. Type	Expiry	Name on Card

I authorise CMHA Peel to process my credit card with the amount shown above. I certify that I am authorized user of the said card. SIGNATURE _____ DATE _____

For Corporate Services Use Only

Processed by:	Date	Authorization #

Cancellation Policy: CMHA/Peel reserves the right to cancel or postpone workshops due to under-enrollment, instructor illness or inclement weather. If a workshop is cancelled, you may transfer to another workshop or receive a full refund. Refunds will only be provided in the event a workshop has been cancelled by CMHA/Peel. An additional \$25.00 will be charged to your credit card if your payment is late. If your plans change after you have registered you may:

1. **Designate a substitute** to attend in your place, at no extra cost. Please notify us of the name of the person attending prior to the workshop date.
2. **Transfer to another workshop**, provided that you notify us by fax or email at least 5 business days prior to the training date.

Email Completed Registration Form to: training-workshops@cmhapeel.ca

Fax Completed Registration Form to: (905) 456-7492

Inquiries: (905) 451-2123 Ext. 494