

Registration Form

Crisis Counselling Skills

Step 1

First determine if there is a space available in the training session you want by contacting Leslie at 204-784-4206 or email ldebrecen@klinic.mb.ca.

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Forward completed registration form Klinic Community Health Centre Attn: L. Debrecen 870 Portage Avenue, Winnipeg MB R3	(Please make cheque payable to Klinic.)
Location of training event: Klinic Cl Cost: \$100 per person (lunch is not pro	HC, 870 Portage Avenue, Winnipeg MB
November 30, 2016 Ma	y 24, 2017 Session Time: 9:00am to 4:00pm
Name:	Agency:
	Position:
Tel #:	Mailing Address (include postal code):
Fax #:	
Email:	
Payment Enclosed: □	Please Invoice: *(fax to 204-772-7998)
* To invoice an agency/organization,	the following information is required:
Agency/Dept	
Invoice to Attn of:	Tel: ()
Email:	Fax: ()
Receipt required \(\simega\) (Receipt issued to paye	ee and mailed to 'Mailing Address' provided.)

NOTE: We reserve the right to cancel due to insufficient registration. Minimum one-week written notice of cancellation of registration is required for a full refund.