



# HOPE Learning Centre

**Helping Others thru Peer Education**

## Downloadable PDF Registration Form

Please fill out this form and return it by mail or email using the information below:

**Mailing Address:** HOPE Learning Centre  
1888 Angus Street,  
Regina, Sk  
S4T 1Z4

**Email Address:** Scan & email to  
**hopelc@cmhask.com**

### REGISTRATION FORM DETAILS

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone (Primary) \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

**What Training Session do you wish to attend:** \_\_\_\_\_

**Training Session date:** \_\_\_\_\_

**Number of people attending this session:** \_\_\_\_\_

Have you attended a session before?  Yes  No

If yes, what session(s) have you attended?: \_\_\_\_\_  
\_\_\_\_\_

### If your Session has a Fee, please fill in these details:

Payment Method:  Money Order  Cheque Credit Card:  Visa  MC  MX  
CC # \_\_\_\_\_ Expiry Date \_\_\_\_\_ SCS # (back) \_\_\_\_\_

***If you wish we can take credit card payments by phone: 306-525-5601***

Please make cheques or money orders payable to **“The Canadian Mental Health Association”**.