



Trauma Informed Practice Training Registration Form

Name: _____

Organization (if applicable): _____

Email : _____

Do you have any accessibility Requirements Yes _____ No _____

If yes, please describe:

Do you have any dietary requirements Yes _____ No _____

If yes, please describe: _____

Payment Information :

Cost per person \$75.00 (lunch not included)

Cancellation policy: In order to receive a full refund you must email acrockwell@thrivecyn.ca 24 hours in advance.

Payment must be received in order to secure your seat. Please indicate how you would like to pay:

_____ E-transfer finance@thrivecyn.ca

_____ Contact Thrive offices to process credit card payment (Call Tamara at (709) 754 - 0436 ext. 200)

_____ I will require an invoice . If so please provide details below

Name of person to receive invoice _____

Department/agency _____

Email _____

Mailing address _____

Other pertinent information _____

Please email completed form to acrockwell@thrivecyn.ca