



Registration Form

ASIST

(Applied Suicide Intervention Skills Training)

Step 1

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

Step 2

Forward completed registration form and payment to:

Klinik Community Health Centre
Attn: L. Debrecen
870 Portage Avenue, Winnipeg MB R3G 0P1
(Please make cheque payable to Klinik.)

Location of training event: **Klinik CHC, 870 Portage Avenue, Winnipeg MB**

Cost: **\$75 per person** (lunch is not provided)

For certification purposes, you must attend the full session on both days.

2010: June 2&3 ___ October 27&28 ___ November 27&28 ___ 2011: February 23&24 ___

Name: _____

Agency: _____

Tel #: _____

Mailing Address (include postal code):

Fax #: _____

Email: _____

Payment Enclosed:

Please Invoice: *

* To invoice an agency/organization, the following information is required:

Agency/Dept. _____

Invoice to Attn of: _____ Tel # _____

Email: _____ Fax # (____) _____

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