



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.

___ Nov 9 & 10, 2011 ___ Dec 7&8, 2011 ___ Mar 21 & 22, 2012 ___ May 26 & 27, 2012 (Sat/Sun)

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 # (____) _____

Receipt required (Receipt issued to payee 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.