

Certified Eden Alternative™ Associate Training Program
A powerful tool for improving quality of life in long-term care

What Does It Cost?

<u>Training Sessions include...</u>	<u>Price</u>
Three Days of Training (Breakfast, Lunch, Snacks & Haleigh's Almanac) plus GST	\$ 900.00
	<u>(gst) 45.00</u>
<i>Special rates available on request</i>	945.00

REGISTRATION

CERTIFIED EDEN ASSOCIATE TRAINING – WESTERN CANADA
January 17-19, 2017
Regina, SK

Please Print Clearly:

Attendee Name _____ Title _____

Organization Name _____

Please write your name here as you like it to appear on your certificate:

And complete page 3 with your contact information.

Thank you.

Complete and return to: **Eden Health Solutions Ltd.**
401 Acadia Drive
Saskatoon, Saskatchewan S7H 2E7
Ph. (306) 230-8790
Fax (306) 655-3688

Upon receipt of your application & payment, you will be sent detailed information. Full payment is due upon registration and is non-refundable the 3 weeks prior to conference.

Please submit application & payment before attending

\$900.00 plus \$45.00 GST = \$945.00
 (Includes course manual & meals)

\$ _____

Please consider this registration form as your invoice

Make payment to: *Eden Health Solutions Ltd.* Cheque enclosed:
(Sorry, we are unable to accept credit cards)

Registration deadline is Thursday January 11, 2017.

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To be completed by each Eden Associate Training Participant and submitted with registration form.

If completing by hand, please print clearly (especially email addresses)

****Please be specific with capital or small letters, spaces, domain, etc. If there are any changes to the information provided, please notify our office as soon as possible.***

Visit our website for more information: www.edenhealthsolutions.com

Name: _____

Position: _____

Organization (and health region if applicable):

Organization address:

Number and Street: _____

City and Province _____

Postal Code: _____

Work phone number: _____

Fax number: _____

Work email: _____

Please indicate information you would ***not like to share*** with other class participants on a contact list.

Home address:

Number and Street: _____

City and Province: _____

Postal Code: _____

Home phone number: _____

Home email: _____