

On Line 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>
<i>Ten 90 minute weekly sessions beginning Thursday October 15, 2020 continuing every Thursday until Thursday December 17, 2020. Classes will begin at 3:00</i>	\$ 750.00 <u>37.50</u> 787.50

REGISTRATION

ON LINE CERTIFIED EDEN ASSOCIATE TRAINING – WESTERN CANADA

Thursdays 3:00 to 4:30 October 15, 2020 to December 17, 2020

Please Print Clearly:

Attendee Name _____ Title _____

Email address _____

Organization Name _____

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

And complete page 2 with your contact information.

Thank you.

Complete and return to: edenalt.canada @gmail.com
or
Eden Health Solutions Ltd.
615 Forsyth Cres.
Saskatoon, Saskatchewan S7N 4J3
Ph: (306) 230-8790
or
Fax: (306) 655-3727

Upon receipt of your application & payment, you will receive the workbook and the Zoom link. Full payment is due upon registration and is non-refundable the 3 weeks prior to sessions beginning.

**Application & payment must be submitted before workbook and Zoom
link will be provided.**

\$750.00 plus \$37.50 GST = \$787.50

Payment may be made by cheque or eTransfer.

Make cheques payable to: *Eden Health Solutions Ltd.*

If you prefer to use etransfer an invoice will be sent to your email address.

Email address _____

(Sorry, we are unable to accept credit cards)

Contact Information

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 above information provided, we will appreciate if you notify our office as soon as possible.*

Visit or 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: _____

Home address:

Number and Street: _____

City and Province: _____

Postal Code: _____

Home phone number: _____

Home email: _____

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