



MENTAL HEALTH FIRST AID REGISTRATION FORM

Please complete this form and email it to Marketing@cfyf.org at least one week prior to the class you'd like to attend. Note that all community courses will be capped at 50 participants.

Register me to attend the following MHFA course (please check one):

November 21, 2014

January 23, 2015

First & Last Name: _____

Email Address: _____

Telephone Number: _____

Organization you Represent (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Registration Fees:

Class registration of \$75.00 is due on or before the start of training. Check, cash or money order are the only acceptable payment options (credit cards are not accepted). If you need an invoice to make payment, check here _____ and it will be emailed to you.

Check or money order payments can be mailed to:

CFYF | Attn: Prevention Services - MHFA | PO Box 251970 | Little Rock, AR 72225-1970

Thank you for registering to attend Mental Health First Aid. We will email you reminders and details on the training one week prior to the class. We look forward to seeing you soon.