



CTAS

Course Funds Report

Course Information:

Provider Instructor

Date of Course: _____ City: _____ Province: _____

Number of Participants:

Providers ___ x \$20.00 = \$ _____

Instructor Candidates ___ x \$90.00 = \$ _____

Lead Instructor/Instructor Trainer:

Name: _____ Phone Number: _____

Co-Instructors: Names:

Payment Information:

CHEQUE Payable to NENA Inc. Submit via mailto: NENA P.O. Box 365, Chilliwack, BC V2P6J4

eTRANSFER to ctasfinances@nena.ca

INVOICE

Make Out To: Name: Phone:

Send To: Name: Email:

Address:

City:

Province:

Postal Code:

Please send this form via email to: ctas@nena.ca