



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 V2P 6J4

eTRANSFER to financeadmin@nena.ca

INVOICE

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