



CTAS

Course Funds Report

Course Information:

Provider Instructor

Date of Course: _____ City: _____ Province: _____

Number of Participants:

Provider ____ 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 mail to: NENA P.O. Box 365 Chilliwack, BC V2P 6J4

eTRANSFER to ctasfinances@nena.ca

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Address: _____

City: _____

Prov: _____ Postal Code: _____

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

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