



**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: Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Methods**

- Cheque payable to: NENA Inc. (include a copy of this form with your cheque)  
Address: PO Box 365, Stn Main, Chilliwack, BC V2P 6J4
- E-transfer: [ctasfinances@nena.ca](mailto:ctasfinances@nena.ca)
- Credit Card (3.2% convenience fee): send an email to: [financeadmin@nena.ca](mailto:financeadmin@nena.ca) to request a secure link & reference the invoice/course number.

**Invoice Instructions**

*Note: Individual attendees at Participant Courses will not be invoiced for payment, only the Instructor, health facilities or health authorities will be invoiced.*

Make Out To:      Name: \_\_\_\_\_

Send To:      Name: \_\_\_\_\_      Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Please send this completed form via email to: [ctas@nena.ca](mailto:ctas@nena.ca)

Clear Form