



CTAS
Course Funds Report

Course Information

Participant Instructor

Date of Course: _____ City: _____ Province: _____

Number of Participants

Participants _____ x \$25.00 = \$ _____ 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
- Credit Card (3.2% convenience fee): send an email to: 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

Clear Form