



**NorWest Co-op**  
COMMUNITY HEALTH



## HANS KAI™ Registration Form

**October 2016**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Please check how you prefer to be contacted:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Dietary Requirements (please specify if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All participants will receive binder, information package and notepaper, and link to **HANS KAI™** drop box. "Mini-kits" of equipment can be provided if ordered in advance, but many participants will already have access to appropriate materials.

Training Cost: \$300 per person; 2 registrants per co-op \$150 each: students and retired persons \$125 each.

Please send registration form to Michelle Kirkbride [mkirkbride@norwestcoop.ca](mailto:mkirkbride@norwestcoop.ca)

Receipts will be provided at the training event.