

CANADIAN SCHOOL OF NATURAL NUTRITION

Registration Form

Branch: CSNN MISSISSAUGA

APPLICANT TO COMPLETE				
Name:				
Address:				
City:	Province:		Postal Code:	
Telephone (H):		(C):		(W):
Email:		SIN # (if applicable*):		
☐ CSNN Graduate – branch:		☐ Active CSNN Alumni Association (CSNNAA) Member**		
*CSNN provides T2202 tax receipts for workshops that are at least 12 hours in length in a month and are provided over at least 3 consecutive weeks. Revenue Canada requires SIN number to be included on the tax receipts. For further information, contact CRA at 1-800-954-8281. CSNN will keep your SIN number private and safe. For workshops that do not qualify for T2202, an internal CSNN receipt will be given.				
Check Desired Course(es):	Feb 2(Fri), 6, 13, 20, 27 Mar 5, 19, 26 Apr 2* 2024 6:30 – 10:00 pm Tuition tax receipts will be issued. Material fee(s): Shipping: TOTAL (excluding shipping):		erent body systems. The student will be slances, explore the nutritional illness, and write the client case study	
**Active CSNNAA members receive 10% discount on tuition.				
PAYMENT AND ACCEPTANCE – Please read the following prior to signing this contract				
WITHDRAW & REFUND POLICY: If the applicant terminates registration at least 7 days prior to the workshop commencement date, a full refund will be issued. If registration is terminated by the applicant less than 7 days before or after the workshop start date, the applicant will be refunded all tuition paid less a withdrawal fee of \$50+HST. If CSNN cancels a workshop for any reason, all paid fees will be refunded to the applicant. RELEASE: "I hereby release The Canadian School of Natural Nutrition Inc. and all branches and affiliations from all claims of damages arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or any location where a program is held." CONFIDENTIALITY AND DISCLOSURE: Absolutely no part of the contents in the copyrighted publications, course material or teachers notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSNN workshop. BREACH OF THESE RESTRICTIONS WILL RESULT IN LEGAL ACTION. Signature of Applicant: Date:				
Accepted by:			Date:	

Form Submissions and Inquiries: CSNN MISSISSAUGA 905-891-0024 | mississauga@csnn.ca

E-transfer payment to: mississauga@csnn.ca