

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):					
	2025 6:30 – 9:30pm		Naterial fee	` '	43.60 inc GST
	☐ Tuesday/Thursday [Day To	hipping: OTAL:		35.00 inc HST (within Ontario) 398.60 inc tax
	April 15, 17, 22 2025 10:00 – 2:00pm			· ·	366.60 w/ alumni discount)
**Active CSNNAA members receive 10% discount on tuition.					
PAYMENT AND ACCEPTANCE – Please read the following prior to signing this contract					
<u>WITHDRAW & REFUND POLICY:</u> If the applicant terminates registration <u>prior</u> to the workshop commencement date, an administrative fee may apply. If registration is terminated by the applicant <u>after</u> the workshop start date, no refunds will be granted. 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.					

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

Signature of Applicant:

Accepted by:

-- indrister payment to. mississauga@csim.co

Date: