

Group Registration Form

OFFICE USE ONLY

Enter Program Information You Are Registering

Program Name

Session Date

Delivery Mode:

In-person

Online

(incl. live webcasts, self-directed content or both)

Hybrid program

(in-person & online)

Organization & Main Contact Information

Company

Mailing Address

City

Province/State

Postal Code

Country (if from outside of Canada)

Main Contact (incl. First Name and Last Name)

Contact Title

Contact Phone

(if number is from outside of Canada, please include country code)

Contact Email

Payment Instructions

HLLN must have a **15%** plus HST of the total group fee to reserve the seats (for [Summer Institute](#) programs HLLN must have a 25% of the total group fee). Payment is due in full **5 business days** before the program start date (for [Summer Institute](#) program payment is due in full 1 month before the program start date). Mail a cheque or money order, or complete the Credit Card Authorization section on this form. Cheques and money order must be payable to **York University - HLLN**. Paying by cheque is not available 2-week prior to program start date. If you require payment installments, please contact HLLN office at hlln@yorku.ca

Base Program Price

(price per person, as advertised on website)

Of Participants

Group Discount (as confirmed by HLLN)

Group Total \$

(program total after group discount)

+

(13% HST)

*ALL FEES ARE IN CANADAN DOLLARS

Additional Costs (optional only with some of our certificate programs)

Digital Credentials for your group (Check the box, if required and identified on program page)

* AT \$20 PER DIGITAL CREDENTIAL+ 13% HST

Digital Credentials Total \$

(\$20 * # number of digital credentials)

+

(13% HST)

PLEASE NOTE:

*HLLN can only issue digital credentials with the following programs (some include 2 DCs): Patient Navigation (2 DCs), Advanced Patient Navigation(2 DCs), Cultural Safety for Health Coaches (1 DC), Motivational Interviewing (1DC), Lifestyle & Wellness Health Coach (2DCs) and Chronic Disease Management Health Coach (2 DCs).

* To earn the DC(s) students must complete their program and pass a short online-test

* To learn about HLLN's digital credentials visit our website: hlln.info.yorku.ca/digitalcredentials/

Payment Method

Visa

Mastercard

Cheque from organization

(Please send cheque via mail. Paying by cheque is not available 2-week prior to program start date)

Specify if you require an invoice: Yes

PLEASE COMPLETE THE NEXT SECTION IF PAYING BY CREDIT CARD

\$

Transaction Amount

Group total, digital credentials (if applicable) + 13% HST

CC#

Expiry Date (Month/Year)

Card Holder

Signature

Your Initials

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Group Registration Form (Continued)

Organizations Responsibilities

* Provide the Health Leadership & Learning Network (HLLN) access to the students to prepare them to take the program. We will ask the organization to **complete PAGE 3 of this Group Registration form** with the students' information.

PLEASE NOTE: If the organization can not give access to the students, the organization will ensure that students and stakeholders receive program information, documents or supplies (if applicable).

* The organization may substitute people before the program start date. In this case, please notify us in writing as soon as possible at hlln@yorku.ca

* Share with the students the program link, which you will find in our website: <https://hlln.info.yorku.ca/open-programs/>

* Ensure the students review and agree with [HLLN's program policy and disclaimer](#).

Accessibility Services

The Health Leadership & Learning Network aims to create a community that is inclusive of all persons and treats all members of the community in an equitable manner. In creating such a community, HLLN aims to foster a safe environment of mutual respect among our students, alumni, faculty and staff. In working toward this goal, HLLN will work to provide assistance to our students, alumni, faculty and staff where possible, so that they may share the same level of access to our opportunities, programs, events. In circumstances where assistance is not possible, we will do our best to refer you to alternative resources.

Please contact us at hlln@yorku.ca if any member from your group require accessibility assistance, before you enrol your group in any of our programs or events. We can work with you to determine if it is within our capabilities to support your group on an individual case by case basis.

Please specify if your group require accessibility assistance

Registration Details

Program Content: Please note all programs have been designed according to Canadian standards. York University and HLLN do not warrant compliance with any other standards, and [International professionals](#) are advised to confirm with your national/local boards, ministries, organizations or any authorized institution, if HLLN's programs content comply with your countries' practices and standards.

Transfers/Cancellations/Refunds: We will make every effort to present the program as advertised, but it may be necessary to change the dates, location, speakers, or content with little or no notice. Fees, dates, locations, speakers, and content are subject to change. Learners are expected to make their own travel arrangements (visa, accommodation, flights, etc.). In the event of a program cancellation by HLLN, York University liability is limited to the reimbursement of paid tuition fees only. Any monies not recovered by an individual in connection to accommodation or travel is not reimbursed by York University.

Cancellation Policy:

- If this registration applies to "additional sessions" created to accommodate your group, and/or for groups of six(6) or more people, withdrawal/cancellation must be received in writing within a minimum of 15 days prior to the start of the program in order to receive for a full refund, minus a \$75 cancellation fee per registration (excl. Summer Institute programs where the cancellation fee is \$1000), is to be applied. Cancellations received after this date are not refundable. Notice of cancellation must be in writing and sent to hlln@yorku.ca

- For current "open enrolment sessions", for groups of up to 5, regular withdrawal policies apply. See the chart here. However, If withdrawal of your group is requested up to 10 days before the program start date results in program cancellation, refund is forfeited

Written notice received by hlln@yorku.ca *	Certificates (excl. Summer Institute programs)	Summer Institute Programs
Voluntary Cancellations From 10+ business days in advance of the program start date will be subject to an administration fee	CAD \$75	CAD \$1000
Voluntary Cancellations Less than 10 business days in advance of the program start date will be subject to an administration fee	Non-refundable	Non-refundable
Transfer Fees (+HST) From 10+ business days in advance of the program start date Transfers will be scheduled for the next program date at the same location	The first transfer is free; a subsequent transfer will be subject to a transfer fee of CAD \$75	N/A
Transfer Fees (+HST) Less than 10 business days in advance of the program start date will be subject to an administration fee	CAD \$125	N/A

*All written notice/email must be sent to hlln@yorku.ca. Written or verbal notice received by instructors is not valid.

For HLLN's full program policy & disclaimer, please visit: hlln.info.yorku.ca/policy

Please Check & Write Your Initials

I have read and agreed to the details listed in the "Organizations Responsibilities, Accessibility Services, Registration Details" sections of this form and [HLLN's program policy and disclaimer](#).

I confirm all the students meet the program prerequisites (If you are unsure any of the students meet the program prerequisites, please contact us)

Your Initials

Group Registration Form (Continued)

Attendee Information

You may submit the students' information using the form below **OR** an Excel spreadsheet (incl. Full Name, Address, Home/Mobile Number and Email)

Note: If the organization's main contact is also an attendee, please also include contact information below.

#1

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#2

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#3

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#4

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

Group Registration Form (Continued)

Attendee Information

You may submit the students' information using the form below **OR** an Excel spreadsheet (incl. Full Name, Address, Home/Mobile Number and Email)

Note: If the organization's main contact is also an attendee, please also include contact information below.

#5

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#6

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#7

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#8

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

Group Registration Form (Continued)

Attendee Information

You may submit the students' information using the form below **OR** an Excel spreadsheet (incl. Full Name, Address, Home/Mobile Number and Email)

Note: If the organization's main contact is also an attendee, please also include contact information below.

#9

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#10

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#11

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	

#12

First Name		Last Name	
Date of Birth (Month/Day/Year) <small>*Required for online programs</small>		Student's Home Address	
City	Province/State	Postal Code	
Home/Mobile Phone <small>(if number is from outside of Canada, please include country code)</small>		Email	