

Community Presenter Training Registration & Certification Confirmation List

Training Date: _____

Location: _____

Trainer(s): _____

	NAME	ADDRESS	PHONE	EMAIL	ORGANIZATION (If Applicable)	CRN AFFILIATION	CERTIFIED (√ if Yes)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Please use the back of the page if needed. Complete fully, and send to itsnotright@bccrns.ca.

By providing this information, all certified individuals will have their contact information added to BC CRN's E-Connector and Communication lists.

BC CRN does not share contact information with third parties.

