

# **STRENGTHENING THE FORCES WORKSHOP REGISTRATION FORM**

Workshop Name \_\_\_\_\_

Workshop Date(s) \_\_\_\_\_

Timings \_\_\_\_\_

## **Participant Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Service Number/PRI \_\_\_\_\_

Rank \_\_\_\_\_

Unit \_\_\_\_\_

UIC \_\_\_\_\_

Phone Number \_\_\_\_\_

Email (checked most often) \_\_\_\_\_

*I would like to be part of a distribution list to be notified of future workshops.*

### **Element**

Army

Navy

Air Force

Other

Sentinel

### **Affiliation**

CAF Reg.

CAF Res.

DND

CFMWS

Family

## **Supervisor Approval**

Supervisor Name (Please Print) \_\_\_\_\_

Rank \_\_\_\_\_

Signature \_\_\_\_\_

Local \_\_\_\_\_

*If applicant is a family member, please list Military members' details below:*

Name \_\_\_\_\_

Service Number \_\_\_\_\_

Phone \_\_\_\_\_

**Please note:** Registration is mandatory. Must be over 18 years of age. Appropriate authorization is required for course attendance. Please forward completed form to STF by: Fax: 588-4701,

Email: [healthpromotionpetawawa@forces.gc.ca](mailto:healthpromotionpetawawa@forces.gc.ca)

(Protected A when complete)