

Course Name: WHMIS 2015
Course Length: 4 hours
Course Time: 8:00am – 12:00pm

Registration Details – Please PRINT Clearly

- All areas marked with an * must be completed or registration will not be processed.

Cost per person: \$110 plus HST

- ***If you have trouble faxing this registration to 519 763 7301 please call our office.***

Company Contact Details

* Contact Name: _____ * Contact Title: _____
 * Address: _____
 * City: _____ * Province: _____ * Postal Code: _____
 * Telephone: _____ Ext. _____ * Fax: _____

 * Authorized by: _____ * P.O. _____
 (Signature) (PO not required with credit card)

*** This course is offered on the following dates. Please select the date(s) you would like to attend.**

Jan. 7 ___ Jan. 21 ___ Feb. 4 ___ Feb. 18 ___ Mar. 10 ___ Mar. 24 ___ Apr. 7 ___ Apr. 21 ___
 May 5 ___ May 19 ___ June 9 ___ June 23 ___ July 7 ___ July 21 ___ Aug. 4 ___ Aug. 18 ___
 Sep. 8 ___ Sep. 22 ___ Oct. 6 ___ Oct. 22 ___ Nov. 3 ___ Nov. 17 ___

Use the form below to indicate the course date(s) and participant name(s) who will be attending.

* Course Date: _____ * Participant Name: _____
 * Course Date: _____ * Participant Name: _____
 * Course Date: _____ * Participant Name: _____

Cost Calculations

* # of Attendees _____	x \$150.00	\$.00
	* HST 13%	\$.00
	* Total	\$.00

Payment Details

Credit Card Number: _____
 Exp: ____ / ____ CV#: _____
 Postal code for card billing address: _____