

**PROFESSIONAL DEVELOPMENT COURSES
REGISTRATION FORM**

*Company Name: _____ *Company Address: _____

*Contact Name: _____

*Phone Number: _____ *Contact Email: _____

Fall Session

Course One September 22, 2016 8am – 12pm	Course Two October 20, 2016 8am – 12pm	Course Three November 17, 2016 8am – 12pm	Course Four December 1, 2016 8am – 12pm
Health Safety, The Law & Due Diligence	Accident Investigation	Hazard Recognition	Workplace Inspection

Winter Session

Course One January 19, 2017 8am – 12pm	Course Two February 16, 2017 8am – 12pm	Course Three March 16, 2017 8am – 12pm	Course Four April 13, 2017 8am – 12pm
Health Safety, The Law & Due Diligence	Accident Investigation	Hazard Recognition	Workplace Inspection

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

The \$50 fee will only apply to the first two attendees from your facility. The fee for additional attendees is \$125 plus HST

Cost Calculations

* # of Attendees ____ x \$50	\$.00
#of Attendees ____ x \$125		
* HST 13%	\$.00
* Total	\$.00

Payment Details

Credit Card Number: _____

Exp: ____ / ____ CV#: _____

Postal code for card billing address: _____