

**Course Name:** Part Two – Common Manufacturing and Office Hazards

**Course Length:** 15 hours

**Course Time:** 8:30am – 4:00pm

**Registration Details – Please PRINT Clearly**

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

**Cost per person:** \$415 plus HST

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

**Company Contact Details**    **Company Name:** \_\_\_\_\_

\* Contact Name: \_\_\_\_\_ \* Email Address: \_\_\_\_\_

\* 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.**

\*Please note each session consists of two dates

- |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Jan. 17 & 31 | <input type="checkbox"/> Feb. 14 & 28 | <input type="checkbox"/> Mar. 14 & 28 | <input type="checkbox"/> Apr. 11 & 25 |
| <input type="checkbox"/> May 9 & 23   | <input type="checkbox"/> June 6 & 20  | <input type="checkbox"/> July 4 & 18  | <input type="checkbox"/> Aug. 1 & 15  |
| <input type="checkbox"/> Sep. 12 & 26 | <input type="checkbox"/> Oct. 10 & 24 | <input type="checkbox"/> Nov. 7 & 21  | <input type="checkbox"/> Dec. 5 & 19  |

**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 \$415.00	\$	.00
	* HST 13%	\$	.00
	* Total	\$	.00

**Payment Details**

Credit Card Number: \_\_\_\_\_

Exp: \_\_\_\_ / \_\_\_\_ CV#: \_\_\_\_\_

Postal code for card billing address: \_\_\_\_\_

You will be notified, only if registration has not been processed. Please keep a copy of this form as your record of registration.