

**PROFESSIONAL DEVELOPMENT SERIES  
REGISTRATION FORM**

\*Company Name: \_\_\_\_\_ \*Company Address: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Contact Email: \_\_\_\_\_

Course One September 7, 2017 8am – 12pm	Course Two September 14, 2017 8am – 12pm	Course Three September 21, 2017 8am – 12pm	Course Four September 28, 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 \$100	\$	.00
* HST 13%	\$	.00
* Total	\$	.00

**Payment Details**

Credit Card Number: \_\_\_\_\_  
 Exp: \_\_\_\_ / \_\_\_\_ CV#: \_\_\_\_\_  
 Postal code for card billing address: \_\_\_\_\_