

**Course Name:** Professional Development – Hazard Recognition

**Course Length:** 4 hours

**Course Time:** 8:00am – 12:00pm

**Cost per person:** \$125 plus HST

**Registration Details – Please PRINT Clearly**

- All areas marked with an \* must be completed or registration will not be processed.
- *If you have trouble faxing this registration to 519 763 7301 please call our office.*

**Group discounts available for groups of 4 or more.  
Please call our office for more details!  
519 763 7369**

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

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

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\* Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ \* Fax: \_\_\_\_\_

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

February 8 \_\_\_ April 12 \_\_\_ June 7 \_\_\_ August 9 \_\_\_ October 11 \_\_\_ December 6 \_\_\_

**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**

**Payment Details**

\* # of Attendees \_\_\_ x \$125.00 \$ .00

\* HST 13% \$ .00

\* Total \$ .00

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.