

Course Name: WHMIS 1988 & 2015
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.**

January 25 __ March 22__ May 24__ July 26__ September 20__ November 22__

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 \$125.00	\$	_____	.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.