

Course Name: Professional Development – Workplace Inspection

Course Length: 3 hours

Course Time: 1:00pm – 4:00pm

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.