

Course Name: Part Two – Workplace Specific - Manufacturing and Office Hazards
Course Length: 15 hours
Course Time: 8:30am – 4:00pm
Cost per person: \$430 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 the 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.**

*Please note each session consists of two dates

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Jan. 9 & 23 | <input type="checkbox"/> Feb. 6 & 20 | <input type="checkbox"/> Mar. 6 & 20 | <input type="checkbox"/> Apr. 3 & 24 |
| <input type="checkbox"/> May 8 & 22 | <input type="checkbox"/> June 5 & 19 | <input type="checkbox"/> July 10 & 24 | <input type="checkbox"/> Aug. 7 & 21 |
| <input type="checkbox"/> Sep. 4 & 18 | <input type="checkbox"/> Oct. 9 & 23 | <input type="checkbox"/> Nov. 6 & 20 | <input type="checkbox"/> Dec. 4 & 18 |

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 \$430.00	\$.00
	* HST 13%	\$.00
	* Total	\$.00

Payment Details

Credit Card Number: _____
 Exp: ____ / ____ CV#: _____
 Postal code for card billing address: _____