

**Course Name:** JHSC Refresher Training

**Course Length:** 8 Hours

**Course Time:** 8:30am – 4:00pm

**Cost per person:** \$250.00 plus HST

**Registration Details – Please PRINT Clearly**

- All areas marked with an \* must be completed or registration will not be processed.

- **You can email this registration to**  
***Lisa.Leduc@gambitsafety.com***  
**Or**  
**fax 519-763-7301**

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

**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, this course is held once a week for three weeks.

- |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Jan. 29 | <input type="checkbox"/> Feb. 26 | <input type="checkbox"/> Mar. 26 | <input type="checkbox"/> Apr. 29 |
| <input type="checkbox"/> May 27  | <input type="checkbox"/> June 24 | <input type="checkbox"/> July 29 | <input type="checkbox"/> Aug. 26 |
| <input type="checkbox"/> Sep. 23 | <input type="checkbox"/> Oct. 28 | <input type="checkbox"/> Nov. 25 | <input type="checkbox"/> Dec. 23 |

**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 \$250.00 \$ .  
 \* HST 13% \$ .  
 \* Total \$ .

Credit Card Number: \_\_\_\_\_  
 Exp: \_\_\_\_ / \_\_\_\_ CV#: \_\_\_\_\_

You will be notified, only if registration has not been processed. Please keep a copy of this form as your record of registration.