

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. 27 | <input type="checkbox"/> Feb. 24 | <input type="checkbox"/> Mar. 31 | <input type="checkbox"/> Apr. 28 |
| <input type="checkbox"/> May 26 | <input type="checkbox"/> June 30 | <input type="checkbox"/> July 28 | <input type="checkbox"/> Aug. 25 |
| <input type="checkbox"/> Sep. 29 | <input type="checkbox"/> Oct. 27 | <input type="checkbox"/> Nov. 24 | <input type="checkbox"/> Dec. 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

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.