

Course Name: Part One Basic Certification

Course Length: 19.5 Hours

Course Time: 8:30am – 4:00pm

Cost per person: \$490.00 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. 6, 13 & 20 | <input type="checkbox"/> Feb.3, 10 & 17 | <input type="checkbox"/> Mar. 10, 17 & 24 | <input type="checkbox"/> Apr. 7, 14 & 21 |
| <input type="checkbox"/> May 5, 12 & 19 | <input type="checkbox"/> June 9, 16 & 23 | <input type="checkbox"/> July 7, 14 & 21 | <input type="checkbox"/> Aug. 4, 11 & 18 |
| <input type="checkbox"/> Sep. 8, 15 & 22 | <input type="checkbox"/> Oct. 6, 13 & 20 | <input type="checkbox"/> Nov. 3, 10 & 17 | <input type="checkbox"/> Dec. 1, 8 & 15 |

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 \$490.00 \$ _____ .
 * HST 13% \$ _____ .
 * Total \$ _____ .

Credit Card Number: _____
 Exp: ____ / ____ CV#: _____

Please keep a copy of this form as your record of registration.