

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.
- 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 the 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 each session consists of two dates

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Jan. 12 & 26 | <input type="checkbox"/> Feb. 9 & 23 | <input type="checkbox"/> Mar. 9 & 23 | <input type="checkbox"/> Apr. 6 & 20 |
| <input type="checkbox"/> May 4 & 18 | <input type="checkbox"/> June 1 & 15 | <input type="checkbox"/> July 13 & 27 | <input type="checkbox"/> Aug. 10 & 24 |
| <input type="checkbox"/> Sep. 7 & 21 | <input type="checkbox"/> Oct. 5 & 19 | <input type="checkbox"/> Nov. 2 & 16 | <input type="checkbox"/> Dec. 13 & 14 |

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

Payment Details

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