



GAMBIT INDUSTRIAL

SAFETY SOLUTIONS LTD.

Course Name: Part One Basic Certification 2023

Course Length: 19.5 Hours

Course Time: 8:30am – 4:00pm

Cost per person: \$495 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 form 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.

Company Name: _____

* Contact Name: _____ *Email: _____

*Company Address: _____

*City: _____ *Province: _____ * Postal Code: _____

*Telephone: _____ Ext. _____

This course is offered on the following dates. Please select the session you would like to attend.

****Please note this course is a three day course and will be held once a week over three weeks****

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Jan. 11, 18 & 25 | <input type="checkbox"/> Feb. 8, 15 & 22 | <input type="checkbox"/> Mar. 8, 15 & 22 | <input type="checkbox"/> Apr. 5, 12 & 19 |
| <input type="checkbox"/> May 10, 17 & 24 | <input type="checkbox"/> June 7, 14 & 21 | <input type="checkbox"/> July 5, 12 & 19 | <input type="checkbox"/> Aug. 9, 16 & 23 |
| <input type="checkbox"/> Sep. 6, 13 & 20 | <input type="checkbox"/> Oct. 4, 11 & 18 | <input type="checkbox"/> Nov. 8, 15 & 22 | <input type="checkbox"/> Dec. 6, 13 & 20 |

Please use the table below to indicate the name(s) of the Participant(s) that will be attending.

*Participant Name: _____ * Participant Name: _____

*Participant Name: _____ *Participant Name: _____

Cost Calculations

* Number of Attendees ____ x \$495 _____

*HST 13% _____

*Total _____

Payment Details

Credit Card Number: _____

Expiry: ____/____ CV#: _____

Postal Code of Billing Address: _____ - _____