



# GAMBIT INDUSTRIAL

SAFETY SOLUTIONS LTD.

**Course Name:** Part Two Certification 2023

**Course Length:** 15 Hours

**Course Time:** 8:30am – 4:00pm

**Cost per person:** \$445 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 two day course\*\***

- |                                       |                                       |                                      |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Jan. 10 & 24 | <input type="checkbox"/> Feb. 7 & 21  | <input type="checkbox"/> Mar. 7 & 21 | <input type="checkbox"/> Apr. 4 & 18 |
| <input type="checkbox"/> May 9 & 23   | <input type="checkbox"/> June 6 & 20  | <input type="checkbox"/> July 4 & 18 | <input type="checkbox"/> Aug. 8 & 22 |
| <input type="checkbox"/> Sep. 12 & 26 | <input type="checkbox"/> Oct. 10 & 24 | <input type="checkbox"/> Nov. 7 & 21 | <input type="checkbox"/> Dec. 5 & 19 |

**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 \$445 \_\_\_\_\_

\*HST 13% \_\_\_\_\_

\*Total \_\_\_\_\_

**Payment Details**

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_/\_\_\_ CV#: \_\_\_\_\_

Postal Code of Billing Address: \_\_\_\_\_ - \_\_\_\_\_