

Course Name: Part Two – Manufacturing Specific – 2022 Schedule

Course Length: 15 hours

Course Time: 8:30am – 4:00pm

Cost per person: \$435 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. 11 & 25 | <input type="checkbox"/> Feb. 8 & 22 | <input type="checkbox"/> Mar. 8 & 22 | <input type="checkbox"/> Apr. 5 & 19 |
| <input type="checkbox"/> May 10 & 24 | <input type="checkbox"/> June 7 & 21 | <input type="checkbox"/> July 5 & 19 | <input type="checkbox"/> Aug. 9 & 23 |
| <input type="checkbox"/> Sep. 6 & 20 | <input type="checkbox"/> Oct. 4 & 18 | <input type="checkbox"/> Nov. 8 & 22 | <input type="checkbox"/> Dec. 6 & 20 |

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 \$435.00 \$.
 * HST 13% \$.
 * Total \$.

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