



Course Name: JHSC Refresher 2024

Course Length: 8 Hours

Course Time: 8:30am – 4:00pm

Cost per person: \$260 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,

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Jan. 26 | <input type="checkbox"/> Feb. 28 | <input type="checkbox"/> Mar. 29 | <input type="checkbox"/> Apr. 25 |
| <input type="checkbox"/> May 23 | <input type="checkbox"/> June 27 | <input type="checkbox"/> July 18 | <input type="checkbox"/> Aug. 22 |
| <input type="checkbox"/> Sep. 26 | <input type="checkbox"/> Oct. 24 | <input type="checkbox"/> Nov. 21 | <input type="checkbox"/> Dec. 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 \$260 _____
*HST 13% _____
*Total _____

Payment Details

Credit Card Number: _____
Expiry: ____/____ CV#: _____
Postal Code of Billing Address: _____ - _____