



Course Name: JHSC Refresher 2026

Course Length: 8 Hours

Course Time: 8:30am – 4:00pm

Cost per person: \$265 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"/> February 19 | <input type="checkbox"/> March 19 | <input type="checkbox"/> April 16 | <input type="checkbox"/> May 14 |
| <input type="checkbox"/> June 18 | <input type="checkbox"/> July 16 | <input type="checkbox"/> August 13 | <input type="checkbox"/> September 17 |
| <input type="checkbox"/> October 15 | <input type="checkbox"/> November 19 | <input type="checkbox"/> December 17 | |

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 \$265 _____

*HST 13% _____

*Total _____

Payment Details

Credit Card Number: _____

Expiry: ___/___ CV#: _____

Postal Code of Billing Address: _____ - _____