

Training Registration Form

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PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____ (please print)

Address: _____

City/Province: _____

Postal Code: _____

Home Phone: _____

Work Phone/Extension: _____

Email: _____

Preferred Contact No.: Home Work

JHSC Member: Yes No
 Worker Management

Union Local (If applicable): _____

Industry Sector:

- | | |
|--|--|
| <input type="checkbox"/> Accommodations & Food Service | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Education | <input type="checkbox"/> Forestry & Agriculture |
| <input type="checkbox"/> Health Care & Social Services | <input type="checkbox"/> Mining/Oil & Gas Extraction |
| <input type="checkbox"/> Power, Gas & Water Utilities | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Telecommunications & Publishing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Tourism & Hospitality | <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Transportation & Warehousing | |

Manufacturing (select one if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Petroleum & Chemical |
| <input type="checkbox"/> Machinery & Equipment | <input type="checkbox"/> Primary & Fabricated Metals |
| <input type="checkbox"/> Paper & Printing | <input type="checkbox"/> Other: _____ |

Employer Information:

Contact Name: _____ (please print)

Address: _____

Postal Code: _____

Email: _____

WHSC Discount No. (if applicable): _____

Organization: _____

City/Province: _____

Phone No./Extension: _____

Fax No.: _____

Course Information:

Prices (per person) include 13% HST

Basic Certification - \$480.25

Location: _____

Date: _____

Supervisor - \$175.15 WHMIS - \$90.40

Location: _____

Date: _____

Certification Part II Streams

Construction - \$875.75

Education - \$700.60

Health Care & Social Services - \$525.45

Manufacturing & Fabricating - \$875.75

Office & Professional - \$525.45

Retail - \$525.45

Tourism & Hospitality - \$525.45

Location: _____

10% Discount on Part II with Basic Certification Registration

Construction - \$788.17

Education - \$630.54

Health Care & Social Services - \$472.90

Manufacturing & Fabricating - \$788.17

Office & Professional - \$472.90

Retail - \$472.90

Tourism & Hospitality - \$472.90

Date: _____

Payment Options:

Cheque Number: _____ Amount: _____

Enclosed, made payable to: **Workers Health & Safety Centre**

Cardholder Name: _____

Credit Card Number: _____ Expiry: _____
Month/Year

VISA

MasterCard

Signature of Cardholder: _____

If paying by credit card, fax in your form.

If paying by cheque, mail it and your form to:

A WHSC Regional Office near you:

500 Parkdale Ave N, Hamilton , ON L8H 5Y5	(905) 545-3131
201-2255 St. Laurent Blvd, Ottawa , ON K1G 4K3	(613) 232-3823
2-1403 Michigan Ave, Sarnia , ON N7S 0B1	(519) 541-9444
110-43 Elm St, Sudbury , ON P3C 1S4	(705) 522-8957
2114 Bordeaux Cres, Thunder Bay , ON P7K 1C2	(807) 473-3655
802-15 Gervais Dr, Toronto , ON M3C 1Y8	(416) 441-2277

fax