## **Training Registration Form**

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## PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Inform	ation:			
Name:			Work Environment	
Date of Birth (Month/Day/Year):  Shipping Address (for virtual course materials where applicable):			Care facility/home Construction Correctional facility Emergency services	Print shop Repair shop School/college/university Store or salon
City/Province:			Factory/processing plant Farm Hospital Hotel, restaurant or bar Laboratory Mine Mobile (eg., sales/installation) Office Park or recreational facility	Transportation - Air Transportation - Rail Transportation - Road Transportation - Water Utility/treatment plant Warehouse
Contact Name:			Organization: City/Province: Phone No./Extension: Fax No.:	
Course Information	on: Prices (per person) do not	include 13% F	HST	
Certification Part I - Virtual Certification Part II - General Stream - Virtual Certification Refresher - Virtual GHS WHMIS - Virtual Working at Heights Working at Heights Refresher		\$475.00 \$382.00 \$120.00 \$10.00 \$120.00		
Date of Course:				
Payment Options:	: Please note we cannot proce	ess payments u	using pre-paid credit cards.	
Cardholder Name:				
Credit Card Number:				
CVV:	Expiry: Month/Year		Visa Debit Master Card	Master Card Debit Amex
	Please e-ma	il form to con	tactus@whsc.on.ca	cope:343 Jul/22

WHSC Privacy Policy: Method of payment information gathered by this form is confidential. Other information gathered by this form may be shared, upon request, with an organization with which the registrant is employed or a union in which he or she is a member, for the purposes of verifying completion of the training taken.