

## REGISTER FOR OUR SPECIAL TRAINING OFFER!

## PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Fall/Winter 2023-2024

Registrant Information:				
Name:		Work Environment		
Date of Birth (Month/Day/Year):  Shipping Address (for virtual course materials where applicable):  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):		Farm Hospital Hotel, restaurant or bar Laboratory Mine Mobile (eg., sales/installation) Office Park or recreational facility	Print shop Repair shop School/college/university Store or salon Transportation - Air Transportation - Rail Transportation - Road Transportation - Water Utility/treatment plant Warehouse Work from home Other	
Contact Name: Address: Postal Code: Email:		City/Province:Phone No./Extension:		
SPECIAL TRAINING OFFER — Course Inform	nation:	Prices (per person) do not include 1	13% HST	
IN-PERSON  Certification Part I - LC  Certification Part II - General Stream - LC  Construction Health & Safety Awareness - LC  Globally Harmonized WHMIS - LC  Psychosocial Hazards & Workplace Mental Health - LC  Supervisor Health & Safety Training - LC  Worker H&S Representatives - Smaller Workplaces - LC  Worker Health & Safety Awareness - LC  Workplace Violence & Harassment - LC	\$50.00 \$50.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00	VIRTUAL  Certification Part I - Virtual - LC  Certification Part II - General Stream - Virtual - LC  Construction Health & Safety Awareness - Virtual - LC  Globally Harmonized WHMIS - Virtual - LC  Psychosocial Hazards & Workplace Mental Health - Virtual - L  Supervisor Health & Safety Training - Virtual - LC  Worker H&S Representatives - Smaller Workplaces - Virtual - Worker Health & Safety Awareness - Virtual - LC  Workplace Violence & Harassment - Virtual - LC		\$50.00 \$50.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00
Location and Date of Course:		Date of Course:		
Payment Options: Please note we cannot prod				
Cardholder Name: Credit Card Number:				
CVV: Expiry:	VISA		ster Card Debit Ames	×
Please e-ma	ail form to co	ontactus@whsc on ca	cone:343 O	)ct/23