

Virtual Training Registration Form

TRAINING ► THE RIGHT THING. THE RIGHT WAY. www.whsc.on.ca • 1-888-869-7950



PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____

Shipping Address (for course materials):

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): _____

Work Environment

Care facility/home	Print shop
Construction	Repair shop
Correctional facility	School/college/university
Emergency services	Store or salon
Factory/processing plant	Transportation - Air
Farm	Transportation - Rail
Hospital	Transportation - Road
Hotel, restaurant or bar	Transportation - Water
Laboratory	Utility/treatment plant
Mine	Warehouse
Mobile (eg., sales/installation)	Work from home
Office	
Park or recreational facility	Other _____

Employer Information:

Contact Name: _____

Address: _____

Postal Code: _____

Email: _____

WHSC Discount No. or Promo Code (if applicable): _____

Organization: _____

City/Province: _____

Phone No./Extension: _____

Fax No.: _____

Course Information:

Certification Part I - Virtual \$475.00

Certification Part II - General Stream - Virtual \$382.00

Certification Refresher - Virtual \$120.00

COVID-19 - Virtual \$10.00

GHS WHMIS - Virtual \$10.00

Date(s): _____

Time: _____

Prices (per person) do not include 13% HST

Payment Options: *Please note we cannot process payments using pre-paid credit cards.*

Cardholder Name: _____

Credit Card Number: _____

CVV: _____ Expiry: _____ Month/Year VISA MasterCard

Please e-mail form to eclass@whsc.on.ca

cope:343 May/20

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.