



PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____
 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): _____

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: _____ Organization: _____
 Address: _____ City/Province: _____
 Postal Code: _____ Phone No./Extension: _____
 Email: _____ WHSC Discount No. or Promo Code (if applicable): _____

Course Information: *Prices (per person) do not include 13% HST*

Basic Life Support	\$79.50	Marine Basic First Aid	\$158.50
Basic Life Support – Recertification	\$74.50	Standard First Aid & Basic Life Support	\$148.50
CPR AED Level C	\$85.50	Standard First Aid & Basic Life Support – Recertification	\$118.50
CPR AED Level C – Recertification	\$74.50	Standard First Aid & CPR/AED Level C	\$138.50
Emergency First Aid & CPR/AED Level C	\$108.50	Standard First Aid & CPR/AED Level C – Recertification	\$108.50

OTHER

Course Name: _____
 Date: _____ Cost: _____

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

Cardholder Name: _____
 Credit Card Number: _____
 CVV: _____ Expiry: _____ VISA Master Card Amex
Month/Year

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

cope:343 Sept/25