



PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____

JHSC Member:

☐ Yes

☐ No

Year of Birth: _____

☐ Worker

☐ Management

Shipping Address (for virtual course materials where applicable):

Union & Local # (If applicable):

City/Province: _____

Union Position:

☐ Yes

☐ No

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

Work Phone/Extension: _____

Email: _____

Preferred Contact No.: ☐ Home ☐ Mobile ☐ Work

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 First Aid & CPR/AED Level C | \$108.50 |
| ☐ CPR/AED Level C | \$85.50 |
| ☐ CPR/AED Level C – Recertification | \$79.50 |
| ☐ Intermediate First Aid & CPR/AED Level C | \$130.00 |
| ☐ Intermediate First Aid & CPR/AED Level C – Recertification | \$108.50 |

Date of Course: _____

Location of Course: _____

Don't see a course you need,
or need First Aid training in French,
contact a [WHSC Training Services Rep](mailto:contactus@whsc.on.ca)
to explore your options.

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

Cardholder Name: _____

Credit Card Number: _____

CVV: _____

Expiry: _____
Month/Year

☐ VISA

☐ Master Card

☐ Amex

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

cope:343 Sept/26