



**Working Safely for the Health of it!**

**MOL Working at Heights Training**

**Registration Form**

**(Public Sessions at our Training Centre in Sudbury)**

Northern Safety Solutions is pleased to offer our 1 day MOL Working at Heights Training.

The session will be from 8:00 a.m. to 4:30 p.m. with a half hour lunch (on your own).

Date(s) June 6<sup>th</sup>, 16<sup>th</sup>, 20<sup>th</sup> & 27<sup>th</sup>, 2017.

*Please complete the following 2 Page Registration Form and fax or email back to our office to reserve your seat(s) Fax # (705) 566-4348 Email: info@nss4.com*

***Please add the requested training date:*** \_\_\_\_\_.

*(Training dates for our public sessions can be found on our website training calendar*

*@ [www.northersafetysolutions.com](http://www.northersafetysolutions.com))*

**Client Information:**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_



## Working Safely for the Health of it!

### MOL Working at Heights Training Public Sessions

The price per participant is \$179.00 + HST

For Group Rates or Onsite Training please contact our office for a quote.

Terms and conditions: Any cancellations received within 7 business days of the course date shall result in a full refund of the training course. All other cancellations will result in a \$100.00 administration charge. NSS reserves the right to cancel or re-schedule a course. Registrants will be informed of any cancellations at least one week prior to the course start date. NSS' liability is limited to the registration fee.

**Payment Terms:** All payments made by cheque, please make payable to:

**"Northern Safety Solutions Inc."**

*Payments must be received at least one week prior to date of training session.*

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

P.O. # \_\_\_\_\_

Now Accepting



### Credit Card Information

**Cardholder Name** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_