



## Working Safely for the Health of it!

### Joint Health and Safety Certification Part One Registration Form

**Northern Safety Solutions Inc.** is pleased to offer our three day Ministry of Labour Basic Certification **Part One** for Joint Health & Safety Committees.

This session is to be held on October 24<sup>th</sup>, 25<sup>h</sup>, and 26<sup>th</sup>, 2016 at the NSS Training Centre Sudbury, Ontario. The session will be from 8:00 am to 4:30 pm with a one (1) hour lunch on all 3 days (on your own). First day registration will begin at 7:45 am on October 24<sup>th</sup>, 2016.

*Please complete the following 2 page Registration Form for Basic Certification Part One and fax the Registration Form back to our office immediately to reserve your seat(s)*

**Fax # (705) 566-4348**

**Client Information:**

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

**WSIB Firm Number:** \_\_\_\_\_ **WSIB Rate Number:** \_\_\_\_\_

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

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

**Company Address:**

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

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

**1<sup>st</sup> Participant** \_\_\_\_\_

**2nd Participant** \_\_\_\_\_

**Title/position** \_\_\_\_\_

**Title/position** \_\_\_\_\_



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

Ministry of Labour Basic Certification Part One for Joint Health & Safety Committees

The price per participant is \$565.00 + HST

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* \_\_\_\_\_

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