



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 November 20, 21, 22, 2017 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 Date, 2017.

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

Fax # (705) 566-4348 Email: info@nss4.com

Client Information:

Company Name: _____

WSIB Firm Number: _____ **WSIB Rate Number:** _____

Contact Name: _____

Title: _____ **Email:** _____

Company Address:

Street _____ **City** _____ **Postal Code** _____

Telephone: _____ **Fax:** _____

1st Participant _____

2nd Participant _____

Title/position _____

Title/position _____

Northern Safety Solutions
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Sudbury Ontario, P3B 1P8
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northernsafetysolutions.com



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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

P.O. # _____

Now Accepting  

Title

Credit Card Information

Cardholder Name _____

Card Number _____

Expiry Date _____

Date