



## Working Safely for the Health of it!

### Common Workplace Hazard Training Certification Part Two Registration Form

**Northern Safety Solutions** is pleased to offer our two (2) day Common Workplace Hazard Training Certification **Part Two**, for Joint Health & Safety Committees will include six (6) Common Workplace Hazards. This session is being held on May 10<sup>th</sup> and 11<sup>th</sup>, 2018 at the NSS Training Centre Sudbury, Ontario. The session will be from 8:00 am to 4:30 pm with a one-hour lunch both days (on your own).

*Please complete the following 2 Page Registration Form for Common Workplace Hazard Training Certification Part Two and fax or e-mail the Registration Form back to our office to reserve your seat(s).*

**Fax # (705) 566-4348 Email: [info@nss4.com](mailto:info@nss4.com)**

#### Client Information:

Company Name: _____	
Contact Name: _____	
Title: _____	
Email: _____	
Company Address: _____	Postal Code _____
Telephone: _____	Fax: _____
1 <sup>st</sup> Participant _____	2 <sup>nd</sup> Participant _____
Title/Position _____	Title/Position: _____

Northern Safety Solutions  
955 Bancroft Drive  
Sudbury Ontario, P3B 1P8  
Ph: 705-524-8189 Fax: 705-566-4348  
[www.northernsafetysolutions.com](http://www.northernsafetysolutions.com)



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### Common Workplace Hazard Training Certification Part Two Registration Form

The price per participant is \$425.00 + 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* \_\_\_\_\_