



## 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-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 January 17<sup>th</sup> – 18<sup>th</sup>, 2019 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:** \_\_\_\_\_

**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** \_\_\_\_\_

Northern Safety Solutions  
955 Bancroft Drive  
Sudbury Ontario, P3B 1P8  
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[www.northernsafetysolutions.com](http://www.northernsafetysolutions.com)



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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* \_\_\_\_\_

*CVC Code* \_\_\_\_\_