



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 March 18th – 20th, 2019 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 March 18th, 2019.

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
Ph: 705-524-8189 Fax: 705-566-4348
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 _____

CVC Code _____

Date