



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

**MOL Working at Heights Training**

**Registration Form**

**(Public Sessions at our Training Centre in Sudbury)**

**Northern Safety Solutions Inc.** is pleased to offer our 1 day MOL Working at Heights Training. The session will be from 8:00 a.m. to 4:30 p.m. with a half hour lunch (on your own). Training dates are March 6<sup>th</sup> and 27<sup>th</sup>, 2019. **Photo I.D. is required and must have closed toed shoes.**

*Please complete the following 2 Page Registration Form and fax or email back to our office to reserve your seat(s) **Fax # (705) 566-4348 Email: info@nss4.com***

*Please indicate the requested training date: \_\_\_\_\_*

*(Training dates for our public sessions can be found on our website training calendar @ [www.northernsafetysolutions.com](http://www.northernsafetysolutions.com))*

**Client Information:**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

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

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

**Name of Participant:** \_\_\_\_\_

**(more than 2 participants please provide names on a separate sheet and attach)**



## Working Safely for the Health of it!

### MOL Working at Heights Training Public Sessions

The price per participant is \$179.00 + HST  
For Group Rates or Onsite Training please contact our office for a quote.

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* \_\_\_\_\_