

OSSA Health & Safety Courses

TRAINING SELF-REGISTRATION FORM

REGISTER TODAY!

**Call 1-888-478-6772 or
Fax Your Registration to (905) 614-3040**

<input checked="" type="checkbox"/>	Course Titles	Date	Location	# Attending
<input type="checkbox"/>	Sample Course Name	Oct. 27th, 2009	Niagara Falls, ON	2
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Fees:

Fees may be paid via credit card or cheque. All fees must be remitted prior to start.

Confirmation:

Attendee confirmation invoice receipts will be mailed out after payment is completed. If you have not received confirmation at least 10 days prior to the event date, please call.

Multiple Attendees?

Please attach sheet with attendee names

Cancellations:

Attendee cancellations must be received within 10 days prior to the event. Dates & locations may be subject to change.

Contact Name _____

Company _____

Address _____

City _____ Prov. _____ Postal Code _____ Phone _____

Attendee #1 _____ Email _____ Tel: _____

Attendee #2 _____ Email _____ Tel: _____

Attendee #3 _____ Email _____ Tel: _____

Attendee #4 _____ Email _____ Tel: _____

.....

of Attendees _____ Credit Card Visa Amex MC

Cost per Attendee _____ Credit Card # _____ Expiry date _____

GST (5%) _____ CSC # _____ Name of cardholder (print) _____

Total Billed _____ Signature of cardholder _____ Date _____

