

Registration Form for H & S Training

(Business)

Name of Course: _____ Date: _____

Location: _____ Time: _____

Business Name: _____ Phone #: _____

Address: _____ Contact: _____

City: _____ Province: _____ Postal Code: _____

- Please note:
1. Payment **MUST** accompany the registration form. The cheque may be dated the day of training (except for Certification).
 2. Priority Health & Safety reserves the right to cancel or alter the date and/or time of training due to low registration.
 3. Please make cheques payable to Priority Health and Safety Inc.
 4. See our information package for complete course details.
 5. Contact the office for dates, more information and prices.
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Courses Available

Accident Investigation

Asbestos Awareness

Back Safety

Chemical Spills

Confined Space

Core Certification Part 1

Core Certification Part 2

Employment Standards Act

Fall Arrest

First Aid Standard (2 day)

First Aid Emergency (1 day)

Forklift Safety

H & S Supervisor due Diligence

H & S Representative

Ladder safety

Lockout/Tag out

Propane \$175

Propane Handlers Recertification & Stamp

TDG

WHMIS

WHMIS Review

PRIORITY Health and Safety Inc www.priorityhs.com
Suite 205-727 Lansdowne Street West Peterborough ON K9J 1Z2
Tel(705) 201-1224 Fax(705)201-1232 E-mail: priorityhs@cogeco.net

NOTE: Please print legibly the name of each participant in this course as it is to be printed on the wallet card.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Total number of attendees: _____

Unit Cost x _____

Subtotal _____

GST _____

Total _____