

# Registration Form for H & S Training

(Individual)

Name of Course: \_\_\_\_\_ Date: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Location : \_\_\_\_\_

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Name: \_\_\_\_\_ (PRINT as you want it on your card.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ (opt.)

Self-employed: Yes No: Who is your employer? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please note:
1. Payment **MUST** accompany the registration form.
  2. Priority Health & Safety reserves the right to cancel or alter the date/time of training due to low registration.
  3. Please make cheques payable to Priority Health and Safety Inc.
  4. Contact the office for dates and prices.

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## Courses Available

Asbestos Awareness

Back Safety

Confined Space

Fall Arrest

First Aid Standard (2 day)

First Aid Emergency (1 day)

Forklift

Ladder Safety

Lockout/Tag out

Propane

TDG

WHMIS

WHMIS Review

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PRIORITY Health and Safety Inc [www.priorityhs.com](http://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](mailto:priorityhs@cogeco.net)