



PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____
 Date of Birth (Month/Day/Year): _____
Shipping Address (for virtual course materials where applicable):

 City/Province: _____
 Postal Code: _____
 Home Phone: _____
 Work Phone/Extension: _____
 Email: _____
 Preferred Contact No.: Home Work
 JHSC Member: Yes No
 Worker Management
 Union & Local # (If applicable): _____

Work Environment

Care facility/home	Print shop
Construction	Repair shop
Correctional facility	School/college/university
Emergency services	Store or salon
Factory/processing plant	Transportation - Air
Farm	Transportation - Rail
Hospital	Transportation - Road
Hotel, restaurant or bar	Transportation - Water
Laboratory	Utility/treatment plant
Mine	Warehouse
Mobile (eg., sales/installation)	Work from home
Office	
Park or recreational facility	Other _____

Employer Information:

Contact Name: _____ Organization: _____
 Address: _____ City/Province: _____
 Postal Code: _____ Phone No./Extension: _____
 Email: _____ Fax No.: _____
 WHSC Discount No. or Promo Code (if applicable): _____

Course Information: *Prices (per person) do not include 13% HST*

Certification Part I - Virtual	\$475.00
Certification Part II - General Stream - Virtual	\$382.00
Certification Refresher - Virtual	\$120.00
GHS WHMIS - Virtual	\$10.00
Working at Heights	\$120.00
Working at Heights Refresher	\$120.00

OTHER - Virtual

Course Name: _____
 Date: _____
 Cost: _____

Date of Course: _____

Payment Options: *Please note we cannot process payments using pre-paid credit cards.*

Cardholder Name: _____
 Credit Card Number: _____
 CVV: _____ Expiry: _____ Month/Year VISA Visa Debit Master Card Master Card Debit Amex

Please e-mail form to contactus@whsc.on.ca

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