



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: \_\_\_\_\_ WHSC Discount No. or Promo Code (if applicable): \_\_\_\_\_

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

<b>Certification Part I</b>	\$475.00
<b>Certification Part I - Virtual</b>	\$475.00
<b>Certification Part II - General Stream</b>	\$382.00
<b>Certification Part II - General Stream - Virtual</b>	\$382.00
<b>Certification Refresher</b>	\$140.00
<b>Certification Refresher - Virtual</b>	\$140.00
<b>GHS WHMIS - Virtual</b>	\$10.00

<b>Working at Heights</b>	\$125.00
<b>Working at Heights Refresher</b>	\$125.00

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

### OTHER

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](mailto:contactus@whsc.on.ca)

cope:343 Oct/23