



**PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.**

**Registrant Information:**

Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

JHSC Member:  Yes  No

Worker  Management

**Shipping Address** (for virtual course materials where applicable):

\_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact No.:  Home  Mobile  Work

Union & Local # (If applicable):

\_\_\_\_\_

Union Position:  Yes  No

**Employer Information:**

Contact Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Organization: \_\_\_\_\_

City/Province: \_\_\_\_\_

Phone No./Extension: \_\_\_\_\_

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

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

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> <b>Basic Life Support</b>                        | \$79.50  | <input type="checkbox"/> <b>Marine Basic First Aid</b>  | \$158.50 |
| <input type="checkbox"/> <b>Basic Life Support – Recertification</b>      | \$74.50  | <input type="checkbox"/> <b>Standard First Aid &amp; Basic Life Support</b>                   | \$148.50 |
| <input type="checkbox"/> <b>CPR AED Level C</b>                           | \$85.50  | <input type="checkbox"/> <b>Standard First Aid &amp; Basic Life Support – Recertification</b> | \$118.50 |
| <input type="checkbox"/> <b>CPR AED Level C – Recertification</b>         | \$74.50  | <input type="checkbox"/> <b>Standard First Aid &amp; CPR/AED Level C</b>                      | \$138.50 |
| <input type="checkbox"/> <b>Emergency First Aid &amp; CPR/AED Level C</b> | \$108.50 | <input type="checkbox"/> <b>Standard First Aid &amp; CPR/AED Level C – Recertification</b>    | \$108.50 |

**OTHER**

Course Name: \_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_

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

Location of Course: \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiry: \_\_\_\_\_  VISA  Master Card  Amex  
Month/Year

Please e-mail form to [contactus@whsc.on.ca](mailto:contactus@whsc.on.ca)

cope:343 June/26