



## Working Safely for the Health of it!

### Joint Health and Safety Certification Refresher Registration Form

**Northern Safety Solutions Inc.** is pleased to offer our one-day Ministry of Labour Refresher for Joint Health & Safety Committees.

This session is to be held on March 25, 2019 at the NSS Training Centre Sudbury, Ontario. The session will be from 8:00 am to 4:30 pm with a one (1) hour lunch.

*Please complete the following 2-page Registration Form for JHSC Refresher Certification and fax or e-mail the Registration Form back to our office immediately to reserve your seat(s)*

*Fax # (705) 566-4348 Email: [info@nss4.com](mailto:info@nss4.com)*

#### Client Information:

**Company Name:** \_\_\_\_\_

**WSIB Firm Number:** \_\_\_\_\_ **WSIB Rate Number:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### Company Address:

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**1<sup>st</sup> Participant** \_\_\_\_\_

**2nd Participant** \_\_\_\_\_

**Title/position** \_\_\_\_\_

**Title/position** \_\_\_\_\_

Northern Safety Solutions  
955 Bancroft Drive  
Sudbury Ontario, P3B 1P8  
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**Working Safely for the Health of it!**

**Ministry of Labour Refresher for Joint Health & Safety Committees**

The price per participant is \$239.00 + HST

**Terms and Conditions:** Any cancellation received within 7 business days of the course date shall result in a refund of the training course minus a 5% administration fee if paid by credit card. All other cancellations will result in a \$100.00 administration charge plus a 5% administration fee as an administration charge if paid by credit card. NSS reserves the right to cancel or re-schedule a course. Registrants will be informed of any cancellations at least one week prior to course date. NSS' liability is limited to the registration fee.

**Payment Terms:** All payments made by cheque, please make payable to:

**Northern Safety Solutions Inc.**

*Payments must be received at least one week prior to date of training session.*

\_\_\_\_\_  
*Signature of Authorized Person*

*P.O. #* \_\_\_\_\_

*Now Accepting*



\_\_\_\_\_  
*Title*

**Credit Card Information**

*Cardholder Name* \_\_\_\_\_

*Card Number* \_\_\_\_\_

*Expiry Date* \_\_\_\_\_

*CVC Code* \_\_\_\_\_

\_\_\_\_\_  
*Date*