



Working Safely for the Health of it!

MOL Working at Heights Refresher Training

Registration Form

(Public Sessions at our Training Centre in Sudbury)

Northern Safety Solutions Inc. is pleased to offer our half day MOL Working at Heights Refresher Training. . **Photo I.D. is required, must have closed toed shoes and please bring your harness (if available). A copy of the MOL Learner ID Number is required when registering your participants.** The session will be from 12:30 p.m. to 4:30 p.m. with a 15-minute break.

Training dates are May 1st and 15th, 2019.

*Please complete the following 2 Page Registration Form and fax or email back to our office to reserve your seat(s) **Fax # (705) 566-4348 Email: info@nss4.com***

Please indicate the requested training date: _____
(Training dates for our public sessions can be found on our website training calendar @ www.northersafetysolutions.com)

Client Information:

Company Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

Telephone: _____ **Fax:** _____

Contact Name: _____ **Title:** _____

Email: _____

Name of Participant: _____

(more than 2 participants please provide names on a separate sheet and attach)



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MOL Working at Heights Training Public Sessions

The price per participant is \$99.00 + HST

For Group Rates or Onsite Training please contact our office for a quote.

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

Title

Date

P.O. # _____

Now Accepting



Credit Card Information

Cardholder Name _____

Card Number _____

Expiry Date _____

CVC Code _____