



Working Safely for the Health of it!

Common Workplace Hazard Training Certification Part Two Registration Form

Northern Safety Solutions is pleased to offer our two-day Common Workplace Hazard Training Certification **Part Two**, for Joint Health & Safety Committees will include six (6) Common Workplace Hazards.

This session is being held on March 21st – 22nd, 2024, on ZOOM through Distance Learning. The session will be from 8:00 am to 4:30 pm, with registration at 8:00 am. Lunch will be a half-hour (30 mins) on both days.

Please complete the following 2 Page Registration Form for Common Workplace Hazard Training Certification Part Two and fax or e-mail the Registration Form back to our office to reserve your seat(s).

Fax # (705) 566-4348 Email : info@nss4.com

Client Information :

Company Name: _____

WSIB Firm Number: _____ **N.A.I.C.S. Number:** _____

Contact Name: _____

Title: _____ **Email:** _____

Company Address:

Street _____ **City** _____ **Postal Code** _____

Telephone: _____ **Fax:** _____

1st Participant _____

2nd Participant _____

Title/position _____

Title/position _____

Email address _____

Email address _____

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www.northernsafetyolutions.com



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The price per participant is \$425.00 + 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

Title

Date

P.O. # _____

Now Accepting



Credit Card Information

Cardholder Name _____

Card Number _____

Expiry Date _____

CVC Code _____