

## Working Safely for the Health of it!

## Joint Health and Safety Certification Part One Registration Form

**Northern Safety Solutions Inc.** is pleased to offer our three-day Ministry of Labour Basic Certification **Part One** for Joint Health & Safety Committees. All payments are to be received and processed a minimum of two weeks before the training session begins due to mail out or pickup of materials needed to complete the course.

This session is to be held on December 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup>, 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 all 3 days.

Please complete the following 2-page Registration Form for Basic Certification Part One 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

on:			
<del></del>			
WSIB Firm Number:	N.A.I.C.S. Number:		
ct Name:			
	Email:		
ss:			
:	City	Postal Code	
hone:	Fax:		
t	2nd Participant		
	Title/position		
Email address		Email address	
	ct Name:	Eirm Number: N.A.I.C.S. Not Name:	



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## Ministry of Labour Basic Certification Part One for Joint Health & Safety Committees

The price per participant is \$565.00 + 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 VISA MasterCard	
Title	Credit Card Information	
	Cardholder Name	
Date	Card Number	
	Expiry Date	
	CVC Code	