Working Safely for the Health of it!

MOL Working at Heights Training

Registration Form

(Public Sessions at our Training Centre in Sudbury)

Northern Safety Solutions Inc. is pleased to offer our 1-day MOL Working at Heights Training.

The session will be from 8:00 a.m. to 4:30 p.m. with a half hour lunch (on your own).

Training dates are December 4, 6, 11, 13, 18, 20, and 27, 2024.

Photo I.D. is required and must have closed toed shoes to attend training.

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.northernsafetysolutions.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 $199.00 + 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, including in the event of a No-Show on the day of training, 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.

_____   *P.O. # _____*
Signature of authorized person

_____   *Now Accepting*   VISA   MasterCard
Title

_____   **Credit Card Information**
Date   *** We do not accept Visa Debit ***

                                                Cardholder Name_____

                                                Card Number   _____

                                                Expiry Date_____

                                                CVC Code_____