

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 minimum 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 June 16th, 17th and 18th, 2025 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

Client Information :		
Company Name:		
Contact Name:		
Title:	Email:	
Company Address:		
Street	City	Postal Code
Telephone:	Fax:	
1 st Participant	2nd Participant	
Title/position	Title/position	
Email address	Email address	

Northern Safety Solutions 955 Bancroft Drive Sudbury Ontario, P3B 1P8 Ph: 705-524-8189 Fax: 705-566-4348 northernsafety solutions.com



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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.

VISA

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 Title **Credit Card Information** Cardholder Name_____ Card Number Date Expiry Date_____ *CVC Code_____*

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