

Working Safely for the Health of it!

Joint Health and Safety Certification Refresher Registration Form

Northern Safety Solutions Inc. is pleased to offer our one-day Ministry of Labour Refresher 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 January 21st, 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).

Please complete the following 2-page Registration Form for JHSC Refresher Certification and fax or e-mail the Registration Form back to our office immediately to reserve your seat(s)

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

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

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



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Ministry of Labour Refresher for Joint Health & Safety Committees

The price per participant is \$249.00 + HST

Terms and Conditions: Any cancellation received within 14 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 the 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 two weeks prior to the date of training session.

Signature of Authorized Person

Title

Date

<i>P.O.</i> #	
Now Accepting	VISA MasterCard

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

Cardholder Name

Card Number _____

Expiry Date_____

CVC Code _____

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