

# OSSA Health & Safety Courses

## TRAINING SELF-REGISTRATION FORM

**REGISTER TODAY!**

Call **1-877-494-9777** or  
 Fax Your Registration to **1-877-553-9777**

<input checked="" type="checkbox"/>	Course Titles	Date	Location	# Attending
<input type="checkbox"/>	Sample Course Name	Oct. 27th, 2009	Niagara Falls, ON	2
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**Fees:**  
 Fees may be paid via credit card or cheque. All fees must be remitted prior to start.

**Confirmation:**  
 Attendee confirmation invoice receipts will be mailed out after payment is completed. If you have not received confirmation at least 10 days prior to the event date, please call.

**Multiple Attendees?**  
 Please attach sheet with attendee names

**Cancellations:**  
 Attendee cancellations must be received within 10 days prior to the event. Dates & locations may be subject to change.

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Attendee #1 \_\_\_\_\_ Email \_\_\_\_\_ Tel: \_\_\_\_\_

Attendee #2 \_\_\_\_\_ Email \_\_\_\_\_ Tel: \_\_\_\_\_

Attendee #3 \_\_\_\_\_ Email \_\_\_\_\_ Tel: \_\_\_\_\_

Attendee #4 \_\_\_\_\_ Email \_\_\_\_\_ Tel: \_\_\_\_\_

.....

# of Attendees \_\_\_\_\_ Credit Card  Visa  Amex  MC

Cost per Attendee \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiry date \_\_\_\_\_

HST (13%) \_\_\_\_\_ CSC # \_\_\_\_\_ Name of cardholder (print) \_\_\_\_\_

Total Billed \_\_\_\_\_ Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

