



COURSE REGISTRATION FORM

Please fax back to: (204) 779-3505

CERTIFICATE OF RECOGNITION (COR) COURSES

| X | <u>Check Course Box</u> | <u>Member Prices</u> | <u>Associate Member Prices</u> | <u>Date</u> |
|---|--|-----------------------------|--------------------------------|-------------|
| | Principles of Safety Management | \$200.00/add. Rep. \$100.00 | \$300.00/ add. Rep. \$150.00 | |
| | Leadership for Safety Excellence | \$100.00 | \$150.00 | |
| | Safety Auditor Training | \$50.00 | \$75.00 | |
| | WHMIS Train the Trainer | \$50.00 | \$75.00 | |
| | Lockout/Tagout Train the Trainer | \$50.00 | \$75.00 | |
| | Hearing Conservation Train the Trainer | \$50.00 | \$75.00 | |

SMALL EMPLOYER CERTIFICATE OF RECOGNITION (SECOR) COURSES

| X | <u>Check Course Box</u> | <u>Member Prices</u> | <u>Associate Member Prices</u> | <u>Date</u> |
|---|-------------------------|-----------------------------|--------------------------------|-------------|
| | Simplified Safety | \$200.00/add. Rep. \$100.00 | \$300.00/add. Rep. \$150.00 | |
| | WHMIS Train the Trainer | \$50.00 | \$75.00 | |
| | Safety Auditor Training | \$50.00 | \$75.00 | |

OTHER CSAM COURSES

| X | <u>Check Course Box</u> | <u>Member Prices</u> | <u>Associate Member Prices</u> | <u>Date</u> |
|---|------------------------------------|----------------------|--------------------------------|-------------|
| | Accident Investigation | \$25.00 | \$37.50 | |
| | First Aider I/CPR | \$65.00 | \$97.50 | |
| | Hearing Conservation | \$25.00 | \$37.50 | |
| | Lockout/Tagout | \$25.00 | \$37.50 | |
| | WHMIS | \$25.00 | \$37.50 | |
| | Prime Contractors Responsibilities | \$25.00 | \$37.50 | |
| | Transportation of Dangerous Goods | \$25.00 | \$37.50 | |
| | Legislation 101 | \$25.00 | \$37.50 | |
| | Safety Rep. Awareness | \$25.00 | \$37.50 | |
| | Confined Space Entry | \$65.00 | \$97.50 | |
| | Fall Protection Training | \$25.00 | \$37.50 | |
| | Claims Management | \$25.00 | \$37.50 | |
| | Safety Administration | \$50.00 | \$75.00 | |

Company Information (for Office Purposes)

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|------------------------|------------|-------------------|---------------------------|--|--|
| Company Name: | | | Attendee Name: | | |
| Street Address: | | | City: | | |
| Province: | PC: | WCB Firm # | WCB Industry Code: | | |
| Phone: | | Fax: | Email: | | |

- o Course materials and coffee included!
- o Full day Courses are from 8:00 a.m. – 4:00 p.m., Half day courses are from 8:00 a.m. – 12:00 p.m.
- o GST Registration #108216896