

## Training Registration Form

Course Name: \_\_\_\_\_

Course Date(s): \_\_\_\_\_ Total # Enrolling: \_\_\_\_\_

Participant Name(s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

*(To add additional participants, please submit another copy of this form & attach to this page)*

Company: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approving Supervisor's Name: \_\_\_\_\_ (please print)

Title: \_\_\_\_\_ (please print)

Email: \_\_\_\_\_ (please print)

Approving Supervisor's Signature: \_\_\_\_\_

Do any participants require any special assistance? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

***Payment Terms:*** *Payment must be received to secure your spot. Please include 5% GST. GST Registration Number 893045005RT0001*

***Please make checks payable to 1 Life Workplace Safety & Health Ltd.***

Cheque  Money Order  Enclosed? YES

**REFERRAL INFORMATION: Did someone refer you to us?**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

*High Impact Professional Training.  
For the life of your People. For the life of your Business.*

175 Marion Street, Winnipeg, MB R2H 0T3  
www.1lifeworkplacesafety.com



**PHONE:**

1 204-231-LIFE (5433)



**ONLINE:** *Coming soon...  
we're working on it!*

www.1lifeworkplacesafety.com



**EMAIL:**

info@1lifeworkplacesafety.com



**FAX:**

1-204-231-1105



**MAIL:**

175 Marion Street  
Winnipeg, MB R2H 0T3  
Attn: Linda Weaver

### Registration Information:

Currently, our preferred method of registration is via fax.

### Cancellation Fees:

- Refundable if notice is received up to 5 business days PRIOR to training.
- Regrettably, cancellations received after 5 business days are subject to payment of full course fees.