



For assistance completing this form please contact our office at 604-701-0261

**Company information** Please complete the fields below:

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

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Position in company: \_\_\_\_\_

**Course information**

Check only **one** of the options below. Please use a new form if you want to register for more than one course.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> OHS Leadership I          | <input type="checkbox"/> OHS Program Building                         | <input type="checkbox"/> COR Maintenance Auditor Training |
| <input type="checkbox"/> OHS Leadership II         | <input type="checkbox"/> Hazards in the Food Processing Industry      | <input type="checkbox"/> COR External Auditor Training    |
| <input type="checkbox"/> OHS Leadership III        | <input type="checkbox"/> Machine Guarding for Millwrights             | <input type="checkbox"/> COR Internal Auditor Training    |
| <input type="checkbox"/> OHS Leadership I, II, III | <input type="checkbox"/> Machine Guarding for Operators & Supervisors |   |

Name and position in company of participants:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment information**

Cost of course per attending: \$ \_\_\_\_\_ Payment Method:  Visa  MasterCard  Invoice to Company

Number of persons: x \_\_\_\_\_

GST: \$ \_\_\_\_\_ TOTAL COST: \$ \_\_\_\_\_

TERMS AND CONDITIONS: We will call within 2 business days to verify course registration and payment terms. CANCELLATION AND REFUND POLICY: A refund (less an administration charge of 40% per participant) will be made if notice of cancellation is received in writing more than 2 weeks before the event. We regret that no refund will be made after this period. A substitute delegate is welcome at any time.

I Accept these terms and conditions

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the completed form by scanning and e-mailing to [info@bcfphsc.com](mailto:info@bcfphsc.com), or fax to 604-701-0262 or mail to 106-8615 Young Road, Chilliwack, BC V2P 4P3

**How did you know about us?**

Referral  E-mail  Brochure  Website \_\_\_\_\_

Magazine  Newspaper  Other (specify) \_\_\_\_\_