



Workplace Safety and Health

Course Registration Form

(ONLY IF YOU DO NOT HAVE COMPUTER ACCESS PLEASE FAX TO: 204-726-6749)

***Please complete all sections**

*Course	
*Location	
*Start Date	
*End Date	
Information - Applicant	
*Last Name	
*First Name	
*Job Title	
*Organization	
*Branch	
*Address	
*City	
*Postal code	
*Phone	
*Fax	
*Email	

- ✚ Only complete if you are unable to submit on-line
- ✚ Fax completed form to: 204-726-6749
- ✚ Reminder only 4 applicants per course per company
- ✚ One completed Application form for each applicant
- ✚ Please complete all fields on application form to ensure acceptance of registration (incomplete information can not be processed for registration)