IHSA Training Facility
Advance Registration Form

Infrastructure Health and Safety Association
5110 Creekbank Road, Suite 400, Mississauga, ON L4W 0A1 tel: 905-625-0100 fax: 905-625-8998

Billing Information (PLEASE PRINT)

COMPANY	**CONTACT NAME**
STREET ADDRESS	**CITY**
PROVINCE / **POSTAL CODE**	**E-MAIL ADDRESS**
PHONE NUMBER	**FAX NUMBER**
FIRM EMERGENCY CONTACT NAME AND NUMBER *(if different from contact)*	☐ **MEMBER** ☐ **NON-MEMBER**

Registration Form (PLEASE PRINT)

NAME OF PROGRAM	**PRICE**
1ST CHOICE OF DATE	**2ND CHOICE OF DATE**
NUMBER OF PARTICIPANTS	**WSIB CLEARANCE CERTIFICATE ATTACHED** ☐ **YES**
NAMES OF PARTICIPANTS _____ _____ _____ _____	**BIRTH DATE OF PARTICIPANTS** _____ _____ _____ *(The birth date is required for our database record verification and is mandatory for ordering replacement certificates.) All information will be kept confidential.*
AUTHORIZED SIGNATURE	

GST Registration Number 856098066RT001

Payment Options (PLEASE PRINT)

☐ **CREDIT CARD**	**CARD NUMBER** _____ **EXPIRY DATE** _____ ☐ **VISA** ☐ **MASTERCARD** ☐ **AMEX** **SIGNATURE OF CARD HOLDER** _____
☐ **CHEQUE**	**NUMBER OF APPLICANTS** _____ **X $** _____ **EACH = $** _____ **+ 5% GST = $** _____ **CHEQUE INCLOSED FOR $** _____

Payment must accompany this form. Credit card registrations can be faxed or mailed. Cheque registrations are to be mailed.

Cancellation Policy: IHSA reserves the right to cancel any program due to insufficient enrollment or other causes. Participants registered in a IHSA facility training program, who do not attend or do not provide written notification of the cancellation no later than ten business days prior to the program are responsible for the complete program fee. Participant substitutions may be made up until the program commences.