

TRAINING REGISTRATION FORM

Infrastructure Health & Safety Association
5110 Creekbank Road, Suite 400, Mississauga, ON L4W 0A1
Tel: 905-625-0100 Toll Free: 1-800-263-5024 Fax: 905-625-8998
Email: info@ihsa.ca

BILLING INFORMATION

Name _____

Mailing address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

Trade/Occupation _____

Worker Apprentice Union Non-union Manager Supervisor Other _____

Union _____ Local _____ Location _____

Company Name _____ Contact _____ WSIB firm # _____

Street address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

Legislated training Non-member training AO audit Other _____

Program _____ Program start date _____

Instructor's name _____ Location _____


PAYMENT INFORMATION (MAY REQUIRE SECURITY CODE)

Bill to: Firm/organization _____ Contact person _____

Street address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

Method of payment:  Visa  MasterCard  American Express

Credit card # _____ Expiry date _____

Cardholder name _____ Signature _____

HST # 85409 8066 RT0001

PURCHASER'S CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

Signature _____ Date _____

