

# Central Zone Safety Programs COURSE REGISTRATION FORM

(When completed, please fax to 461-8073. Thanks.)

**TDG & WHMIS** registration send to [jacqueline.inder@nshealth.ca](mailto:jacqueline.inder@nshealth.ca) or [janet.macinnis@nshealth.ca](mailto:janet.macinnis@nshealth.ca)  
you can also fax to 461-8073)

- First check the Schedule of Courses and note the date and time of the course.
- Fill out a separate registration form for each course. One form can be used for up to five people taking the same course. Print the completed form out or save the form on your computer as on-line registration is not available.
- Participants will be accepted on a first come first serve basis.
- Some courses have a maximum number permitted or require a minimum number of participants. You will be contacted if a course is full or cancelled.
- Some courses have a cost associated with them. Your cost centre will be billed.
- Confirmation of registration will be sent to the department manager.

Please **PRINT** Clearly

<b>Name of Course:</b>	
<b>Department Manager:</b>	<b>Telephone:</b>
<b>Mailing Address Department (for Certificate):</b>	
<b>Manager's email:</b>	

## Participants

<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Site:</b> _____	
<b>Course Date (yymmdd):</b>	<b>Cost Centre:</b>
<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Site:</b> _____	
<b>Course Date (yymmdd):</b>	<b>Cost Centre:</b>
<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Site:</b> _____	
<b>Course Date (yymmdd):</b>	<b>Cost Centre:</b>
<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Site:</b> _____	
<b>Course Date (yymmdd):</b>	<b>Cost Centre:</b>
<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Site:</b> _____	
<b>Course Date (yymmdd):</b>	<b>Cost Centre:</b>