

OPEN COURSE STUDENT REGISTRATION FORM					
STUDENT INFORMATION					
Surname:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Is this your legal name?	If not, what is your legal name?		(Former name):	Birth date:	Age: Sex:
<input type="checkbox"/> Yes	<input type="checkbox"/> No			YY / MM / DD	<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address and Contact Information:					
All correspondence will be mailed to this address. Please notify ER Plus Risk Management Group Inc. of any changes. Please provide your email address and at least one phone number so we can contact you in the event of a course schedule change or cancellation.					
Street address:			Home Phone no.:	Cell Phone no.:	
P.O. box:		City:	Province:	Postal Code:	
Email Address:		Emergency Contact phone no.:	Name and Relationship to Student:		
COURSE LIST – PLEASE SELECT ONE					
Fall Protection (FP) - 8 hours (0800-1600)			<input type="checkbox"/>		
Confined Space (CS) - 8 hours (0800 - 1600)			<input type="checkbox"/>		
Joint Health and Safety Committees (JHSC) - 8 hours (0800 - 1600)			<input type="checkbox"/>		
Train the Fit Tester (TFT) - 4 hours (0800-1200)			<input type="checkbox"/>		
Location:			Program Date:		
Note:		Payment must be received with registration and may be made by cash, credit card, corporate PO or certified cheque. Certificates will not be released until payment has been received.			
PAYMENT METHOD					
<input type="checkbox"/> Cash		<input type="checkbox"/> Invoice – Corporate PO Required		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Certified Cheque	
Card Number:	Expiry Date:	Security Code:	Name on Card:		
	MM / YYYY				
OFFICE USE ONLY					
Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Corporate Invoice #:		Corporate PO#:	
YYYY / MM / DD					

Safety is Our Passion!