



## SAFETY TRAINING REGISTRATION FORM FOR PAYING PARTICIPANTS

To register, please complete this form and **fax** (514.398.8047) or **mail** to Environmental Health & Safety\*, or **email** to ehs@mcgill.ca. **Best practices:** (1) For security reasons, please do not send your credit card information electronically (email, instant message, scanned document, etc.). By fax, mail and phone is acceptable. (2) Send the form 1 week prior to course date. Incomplete forms will result in delay in registration.

Registration Details, Participant:																										
Last Name	First Name																									
E-mail	Tel #	If a McGill ID																								
Personal Address (incl. apartment):		City:																								
Province/Country:		Postal Code:																								
COMPANY NAME:	CONTACT:	PHONE:																								
ADDRESS	EMAIL																									
<b>Safety Training</b> Prices include GST & PST if applicable <input type="checkbox"/> WHMIS, Workplace Hazardous Information Material System (2h) <input type="checkbox"/> Safe Use of Biological Safety Cabinets (2h) <input type="checkbox"/> <b>Introduction to Biosafety (3h)</b> <input type="checkbox"/> Laser Safety Course (3h) <input type="checkbox"/> Asbestos (3h) <input type="checkbox"/> <b>Principles of Laboratory Radiation Safety (7h)</b> <input type="checkbox"/> <b>ASP Construction – Health &amp; Safety on a Construction Site (30h) for McGill Students</b> <input type="checkbox"/> <b>ASP Construction – Health &amp; Safety on a Construction Site (30h) for Non McGill, External</b>  <input type="checkbox"/> First Aid in the Workplace (CNESTT certification) – <b>restricted</b> to McGill community (14h) <input type="checkbox"/> Laboratory Waste Management & Disposal Training <b>restricted</b> to McGill community (1.5h) <input type="checkbox"/> N95 Respirator Fit Test – <b>restricted</b> to McGill community (1h30) <input type="checkbox"/> Respirator Fit Test (reusable elastomeric for 1/2-face, full-face) <b>restricted</b> to McGill community (1h30)		<table border="1"> <thead> <tr> <th>FOAPAL</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Please go here: <a href="https://www.mcgill.ca/ehs/trainings/paying">https://www.mcgill.ca/ehs/trainings/paying</a></td> <td>\$115.00</td> </tr> <tr> <td></td> <td><b>\$175.00</b></td> </tr> <tr> <td></td> <td>\$175.00</td> </tr> <tr> <td></td> <td>\$175.00</td> </tr> <tr> <td></td> <td><b>\$230.00</b></td> </tr> <tr> <td></td> <td><b>\$300.00</b></td> </tr> <tr> <td></td> <td><b>\$400.00</b></td> </tr> <tr> <td></td> <td>\$154.10</td> </tr> <tr> <td></td> <td>\$25.00</td> </tr> <tr> <td></td> <td>\$50.00</td> </tr> <tr> <td></td> <td>\$100</td> </tr> </tbody> </table>	FOAPAL	Other	Please go here: <a href="https://www.mcgill.ca/ehs/trainings/paying">https://www.mcgill.ca/ehs/trainings/paying</a>	\$115.00		<b>\$175.00</b>		\$175.00		\$175.00		<b>\$230.00</b>		<b>\$300.00</b>		<b>\$400.00</b>		\$154.10		\$25.00		\$50.00		\$100
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	\$100																									
Date of training or exam	Location																									
<b>I AGREE with:</b> <input type="checkbox"/> <b>WITHDRAWAL, CANCELLATION, NO-SHOWS</b> Notice of withdrawal must be received in writing (ex. e-mail). Full credit will be given if done 8 working days or more before course date; no credit if done less than 8 days before course date <input type="checkbox"/> <b>RESCHEDULING</b> Environmental Health & Safety reserves the right to cancel a course due to unforeseen circumstances <input type="checkbox"/> <b>Invoice/PO</b> will not be issued <input type="checkbox"/> <b>Exam</b> passing grade is 80%, rewrites will be done at EHS offices. <input type="checkbox"/> All <b>Course notes</b> will be forwarded to participants and it is their responsibility to bring them the training.																										
Credit card																										
<b>Payments:</b> cash (exact change), major credit card types: VISA, MasterCard, and American Express. <b>Disclaimer: do not</b> send your credit card by electronic mail (email).																										
<b>Receipt will be provided</b>	<input type="checkbox"/> Cash, please take an appointment to pay in person																									
Billing Address (incl. apartment)																										
Province	Postal Code	Phone																								
Card Holder Name	Credit Card Number																									
Card Holder's Signature	Expiration Date	Credit Card Type																								