



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																							
Safety Training Prices include GST & PST if applicable <input type="checkbox"/> Principles of Laboratory Radiation Safety (7h) <input type="checkbox"/> ASP Construction – Health & Safety on a Construction Site (30h) for McGill Students <input type="checkbox"/> ASP Construction – Health & Safety on a Construction Site (30h) for Non McGill, External <input type="checkbox"/> WHMIS-2015 – restricted to McGill community & visitors (2h) <input type="checkbox"/> Safe Use of Biological Safety Cabinets – restricted to McGill community & visitors (2h) <input type="checkbox"/> Introduction to Biosafety – restricted to McGill community & visitors (3h) <input type="checkbox"/> Laser Safety Course – restricted to McGill community & visitors (3h) <input type="checkbox"/> Asbestos – restricted to McGill community & visitors(3h) <input type="checkbox"/> First Aid in the Workplace (CNESST certification) – restricted to McGill community & visitors (14h) <input type="checkbox"/> Laboratory Waste Management & Disposal Training restricted to McGill community & visitors (1.5h)		<table border="1"> <thead> <tr> <th>FOAPAL</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Use this form:</td> <td>\$230</td> </tr> <tr> <td>https://www.mcgill.ca/ehs/trainin</td> <td>\$300</td> </tr> <tr> <td>g/paying/online-foapal-paying-participan</td> <td>\$400</td> </tr> <tr> <td>nt-form</td> <td>\$115.00</td> </tr> <tr> <td></td> <td>\$115.00</td> </tr> <tr> <td></td> <td>\$175.00</td> </tr> <tr> <td></td> <td>\$175.00</td> </tr> <tr> <td></td> <td>\$175.00</td> </tr> <tr> <td></td> <td>\$147.20</td> </tr> <tr> <td></td> <td>\$115.00</td> </tr> </tbody> </table>	FOAPAL	Other	Use this form:	\$230	https://www.mcgill.ca/ehs/trainin	\$300	g/paying/online-foapal-paying-participan	\$400	nt-form	\$115.00		\$115.00		\$175.00		\$175.00		\$175.00		\$147.20		\$115.00
FOAPAL	Other																							
Use this form:	\$230																							
https://www.mcgill.ca/ehs/trainin	\$300																							
g/paying/online-foapal-paying-participan	\$400																							
nt-form	\$115.00																							
	\$115.00																							
	\$175.00																							
	\$175.00																							
	\$175.00																							
	\$147.20																							
	\$115.00																							
Date of training or exam	Location																							
I AGREE with: <input type="checkbox"/> WITHDRAWAL, CANCELLATION, NO-SHOWS 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"/> RESCHEDULING Environmental Health & Safety reserves the right to cancel a course due to unforeseen circumstances <input type="checkbox"/> Invoice/PO will not be issued <input type="checkbox"/> Exam passing grade is 80%, rewrites will be done at EHS offices. <input type="checkbox"/> All Course notes will be forwarded to participants and it is their responsibility to bring them the training.																								
Credit card																								
Payments: cash (exact change), major credit card types: VISA, MasterCard, and American Express. Disclaimer: do not send your credit card by electronic mail (email).																								
Receipt will be provided	<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																						