



Audits, Inspections and Training Since 1996

Gambit Industrial Health and Safety Consultants Inc.

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Gambit now
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Card# _____ Exp: ____ / ____ CV # _____

Registration Details: - Please PRINT clearly

- All areas marked with an * must be completed or registration will not be processed
- No telephone or verbal registrations accepted
- If you have trouble faxing this registration please call our office**

***Authorized by:** _____ ***P.O.** _____
 (Signature) (PO not required with credit card)

Note: Cancellation must be submitted to Gambit at least **5 working days** prior to class date or regular course cost will be billed. Substitutions must be confirmed by name 2 days prior to the program. Gambit reserves the right to reschedule or cancel due to circumstances beyond our control. You will be notified in such case.

* Course Name	*Course Date	* Participant(s) Name(s)	* Contact Name * Title		
			* Company Name		
			* Address		
			* City		
			* Prov & PC		
			* Telephone	Ext.	
			* Fax		
			*E-mail		
Course Date	Course Name		Cost / each.	*# Attendees	*HST 13%
June 13, 20 & 27, 2012	Part One 3-Day Basic Certification 8:30am – 4:30pm		\$420		
July 11, 18 & 25, 2012	Part One 3-Day Basic Certification 8:30am – 4:30pm		\$420		
August 8, 15 & 22, 2012	Part One 3-Day Basic Certification 8:30am – 4:30pm		\$420		
Sept. 12, 19 & 26, 2012	Part One 3-Day Basic Certification 8:30am – 4:30pm		\$420		
Amount Due:					

“Your *First Move* towards a Better Health and Safety Program”