

Training Prepayment Form

Student Information:

Name _____

Name _____

Name _____

Name _____

Name _____

Company _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone Number _____ Fax _____ Email _____

Payment Information (please circle)

Cash

Cheque

Credit Card (AMEX/Visa/MC)

Name on card _____

Credit Card Number _____

Expiry Date _____

Signature _____

Send completed form and applicable payment to

MHCA - WORKSAFELY
Unit 3-1680 Ellice Ave.
Winnipeg, MB R3H 0Z2
Attention: Training desk
OR
email: kristen@mhca.mb.ca
fax: 204-943-2279

Please check which class(es) and the date(s) you are registering for. Costs include GST and are per person

<u>Class</u>		<u>Cost for Members</u>	<u>Cost for Non-Members</u>
<input type="checkbox"/> COR Auditor	Date_____	\$252.00	\$630.00
<input type="checkbox"/> COR Auditor Refresher	Date_____	\$84.00	\$183.75
<input type="checkbox"/> COR Leadership in Safety Excellence	Date_____	\$252.00	\$630.00
<input type="checkbox"/> COR Principles of Health & Safety Mgmt	Date_____	\$126.00	\$315.00
<input type="checkbox"/> Disability Management Program	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Emergency Preparedness	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Environmental Awareness	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Excavation/trenching	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Flagperson with practical	Date_____	\$126.00	\$315.00
<input type="checkbox"/> Flagperson (no practical)	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Incident Investigation	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Prime Contractor	Date_____	\$84.00	\$183.75
<input type="checkbox"/> RSTS	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Safe Work Procedures	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Safety Administration	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Safety Committee/Representative	Date_____	\$84.00	\$183.75
<input type="checkbox"/> TDG	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Traffic Control Coordinator (*Flagperson training prerequisite)	Date_____	\$404.25	\$420.00
<input type="checkbox"/> Train the Trainer-Facilitation Skills	Date_____	\$126.00	\$315.00
<input type="checkbox"/> Winter Roads	Date_____	\$84.00	\$183.75
<input type="checkbox"/> Other	Date_____		

WORKFORCE:

<input type="checkbox"/> Train the Trainer HEOT	Date_____	\$2200.00 (\$550 each add. Person)	\$2200.00 (\$550 each add.)
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