

## Enrollment Form SMALL EMPLOYER OHS Refresher

## Refer to Course Webpage for Full Details:

https://www.bcforestsafe.org/small-employer-ohs-refresher-training/

nttps://www.bcrorestsare.org/smail-employer-ons-refresher-training/					
Select your Enrollment Option					
Online training:   Classroom Day	1: ☐ Classroom Day	2:  Classro	om Day 1 <i>and</i> 2	: ☐ (no extra charge)	
Classroom Course Location	Classroo	om Course Date(s)			
Participant Information (complete	fully and print clearly)				
Legal First Name	Legal Middle Name	Name		Legal Last Name	
Nickname (if applicable)	Former Name (e.g. maider	e (e.g. maiden name)		Birthdate (mm/dd/year)	
			/ /	,	
Mailing Address (Street; PO Box)	City/Town			Province, Postal Code	
Phone Number Personal/Cel.	Phone Email A	ddress			
Food Allergies / Dietary Restrictions?					
Company Information					
Legal Name of Company Company Trade Name or "Operating As" Name					
WorkSafeBC Account # Registered w	ith SAFE Companies certifi	cation program?	SAFE Companies	category	
☐ Yes ☐ No ☐ ISEBASE (2-5) ☐ SEBASE (6-19)					
Work Activity (full-phase logging; sil	viculture; log hauling; ı	oad building; oth	ner – please indi	cate)	
Payment Information (payment mus	st accompany this enrol	ment)			
Course	☐ Classroom (any	option): \$210.00	(\$200.00 + \$10.0	0 GST)	
Paid by:   Enclosed Cheque (pa	yable to BC Forest Safety (	Council)	□ VISA	☐ MasterCard	
Name on Card	Expir	/ Date (MM, YY)	VISA MasterCard		
			3-digit s	ecurity code	
Credit Card Number			0000 0000 0000	xxx 2000	
Cardholder's Signature			IMPORTANT:	Please include CVD	
Calundider's Signature				(3 digit security code	
			0	n back of credit card)	
Your company, personal and financial information will not be disclosed to third parti					
Send completed form to BC Forest Safety	by: IMPORTANT	NOTES:			
<ol> <li>Email: <a href="mailto:safeco@bcforestsafe.org">safeco@bcforestsafe.org</a></li> <li>Fax: 250-741-1068</li> <li>A) If minimum enrollment is not met two weeks prior to a classroom session start date, we reserve the right to cancel the session and reimburse paid registrants.</li> </ol>					
3. Mail: 8C-2220 Bowen Rd, Nanaimo BC V9S 1H9  B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment from a classroom session.					
Questions? Call us toll-free: 1-877-741-1060		credits will not be isso this is for unplanned		ssion 'No Shows.' The only	
Questions: Can as ton-nee: 1-077-741-1000	·	, 10 10 10. ap.a	i cinici gonoloc/ilinicoc	-	
BCFSC Dates Administrative	·	Deadline	i omorganolog/iimosa	Eligible	