

LEADERSHIP AND PROFESSIONALISM FOR FOREST SUPERVISORS

Course Location		Col	Course Date					
Participant Information	(complete	fully and prin	nt clearly)					
Legal First Name		Legal Middle Name			Legal Last Name			
Nickname (if applicable)		Former Name (e.g. maiden name)			Birthdate (mm/dd/year)			
Mailing Address (Street; PO Box)		City/Town			Province, Postal Code			
Phone Number	Personal/Cell Phone			Email Address				
Food Allergies / Dietary Restrict	ions?			1				
Company Information								
□ Employer's Company Name OR □ Your Own Company Name					WorkSafeBC Account Number			
Work Activity (full-phase	logging; s	silviculture; lo	g hauling; road build	ding; ot	ther – pleas	se indica	ate)	
Course Fee & Payment	Informat	ion (paymen	t must accompany t	his enro	ollment)			
\$399.00 (\$380.00 + \$19.0		ilett (paymen	emade accompany a					
Payment						VISA	☐ MasterCard	
Name on Card					Ехр	Expiry Date (MM, YY)		
Credit Card Number								
Cardholder's Signature								

Your company, personal and financial information is only used for purposes of course enrollment and program management. Confidential information will not be disclosed to third parties. Your information is valuable, and we ensure all reasonable measures are taken to protect it.

Send completed form to BC Forest Safety by:

- 1. Email: training@bcforestsafe.org
- 2. Fax: 250-741-1068
- 3. Mail: Unit 8C 2220 Bowen Road, Nanaimo, BC V9S 1H9

Questions? Call us toll-free: 1-877-741-1060

IMPORTANT NOTES:

- A) If minimum enrollment is not met two weeks prior to a course start date, we reserve the right to cancel the session and reimburse paid registrants.
- B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment.
- C) Refunds or credits will not be issued for 'No Shows.' The only exception to this is for unplanned emergencies/illness.