



P.O. Box 2099 • Strathmore, Alberta, Canada • T1P 1K1
Website: www.globaltrainingcentre.com

Phone: (403) 934-5046
Fax: (403) 934-5295
E-mail: Safety2000@globaltraining.ca

SAFETY 2000[®] REGISTRATION INFORMATION

Safety 2000[®] Registration Procedure

- Each student must submit a fully completed **Student Registration Form**.
- Each supervisor who is registering students must fully complete and submit the **Company Information Form** to provide Global Training Centre with all company contact details necessary to ensure invoicing and certificates, etc., are sent out as quickly and efficiently as possible.

A student will not be confirmed as “registered” in Safety 2000[®] until the above forms are completed and returned to us and payment is arranged by one of the following:

- VISA, MasterCard, or corporate cheque (personal cheques must be in our office two weeks prior to the course), or
- Purchase Order or coding for invoicing purposes (if pre-arranged with our accounting department).

All registrations are on a “first come first served” basis.

Please be aware of Global's cancellation policy which states:

- A no-show will be billed at the full price of the course.
- If a registration for Safety 2000[®] is cancelled less than two weeks before the start of the course, a cancellation fee of \$500.00 will apply.
- No charge if more than 2 week's notice is given

To avoid these charges, another student can be sent in place of the person canceling. If you have any questions or concerns regarding this policy, please contact us by phone, fax or e-mail as detailed above.

Thank you.

Bobbi McKay – Safety 2000[®] Registrar
E-mail: bobbi@globaltraining.ca

Please FAX your completed registration form to: 403-934-5295.

ATTENTION: The information contained in this transmission is intended for the sole use of the individual or entity to whom it is addressed, and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that you are not authorized to review the following pages and that dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by collect call and return this original transmission to us by mail at the above address.



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SAFETY 2000[®] STUDENT INFORMATION

Course Date:

Course Location:

Please indicate your name as you would like it to appear on your certificates.

First Name:

Last Name:

Birthdate: Month
(mandatory)

Day
(mandatory)

Year
(optional)

Home Address:

City/Town:

Province/State:

Postal Code:

Home Phone (with area code):

Business Phone:

Fax Number:

Cell Phone:

E-mail:

Company Name:

Operating Center:

Supervisor:

(The personal information being collected is for the purposes of registration, maintaining a record of certification, and for disclosure to your employer and any applicable certifying agency.)

Have you attended Global Training Centre as a student in the past 4 years?

Yes No

Do you require hotel accommodation? Yes No

Comments:



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SAFETY 2000[®] COMPANY INFORMATION

Course Date:

Name of Supervisor:

Full Legal Name of the Company:

Operating Center:

Company Mailing Address: (Invoice and Student Certificates will be sent to this address.)

Address:

City/Town:

Province/State:

Postal Code:

Business Phone (with area code):

Fax Number:

Cell Phone:

E-mail:

PAYMENT OPTIONS Payment due 2 weeks prior to start date unless invoicing has been pre-arranged.

Coding (Invoice) MasterCard VISA Company Cheque

#	Student Name	Coding, VISA or MasterCard Number	Expiry Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			