



Registration Form

OCCUPATIONAL HEALTH AND SAFETY PROGRAM / AODA/ WHMIS/INFECTION CONTROL FOR DENTAL OFFICES

(Includes manuals and in office Training and Inspection)

please complete and fax this form to:
Dental Office Consulting Services
att: Sandie Baillargeon
fax (905) 336-7938 or call (905) 332-2326
or email: sandiedocs@gmail.com



DOCS IS AN AFFILIATE PARTNER OF PSHSA

Course Name: HEALTH AND SAFETY AWARENESS TRAINING PROGRAM	_____	\$1995. + HST
AODA SERVICE STANDARDS	_____	\$795. + HST
WHMIS TRAINING	_____	\$795. + HST
INFECTION PREVENTION AND CONTROL	_____	\$895. + HST
Courtesy discount of \$100.00		
	TOTAL FEE _____	\$4380.00 + HST

Name of Office.....phone.....

Address.....

City/province/postalcode.....

E-mail.....

Number of Staff members..... **PLEASE EMAIL US YOUR LOGO FOR YOUR CUSTOMIZED BINDER**

AGD members receive a professional courtesy of 5%. AGD# _____

Payment Information

Please charge my: VISA MASTERCARD AMEX

Credit card number.....exp...../.....

Name as it appears on card.....

Cardholder signature.....

Charge on credit card will say 'MEDICAL AND DENTAL CONSULTING

Refund Policy

- Cancellations made 21 days before the training starts - 75% refund
- Cancellations made 8-21 days before the training starts - 50% refund minus admin charge
- Cancellations made 0-7 days before the training starts - no refund
- A \$200.00 administration charge will apply to all cancellations due to customized binder