



# OPEN ENROLMENT – REGISTRATION FORM

Please TYPE IN THE FILLABLE BOXES OR PRINT, HAND WRITE ON THE FORM, whichever is easier for you.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE \_\_\_\_\_ EXT \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF ATTENDEE(S) (IF KNOWN):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the applicable course(s) you wish to sign up for. The below pricing are per person (pp).

# Of Attendees	Amount pp	Total Due (# Attending x Amount)	Duration	Course Description	Date(s) Chosen
	\$295.00 pp		8 Hours	Confined Space Entry Training * 8:30am-4:30pm, Lunch included	
	\$295.00 pp		8 Hours	Confined Space RESCUE Training * 8:30am-4:30pm, Lunch included (Pre-requisite CS Entry Training)	
	\$1,275.00 pp		40 Hours (4 x 10 hour days)	Confined Space Rescue Technician Training (NFPA) 8:30am-6:30pm each day, Lunch included	
	\$175.00 pp		16 Hours (2 x 8 hour days)	First Aid/CPR/AED Training (Red Cross) 8:30am-4:30pm each day, Lunch included	
	\$1,275.00 pp		40 Hours (4 x 10 hour days)	HAZMAT Technician Training (NFPA 472) 8:30am-6:30pm each day, Lunch included	
	\$195.00 pp		4 Hours	LOTO (Lock Out Tag Out) Training * 12:30pm-4:30pm	
	\$195.00 pp		4 Hours	Spill Response Training * 12:30pm-4:30pm	
	\$195.00 pp		4 Hours	SCBA Training * 12:30pm-4:30pm	
	\$195.00 pp		4 Hours	TDG Training* 8:30am-12:30pm	
	\$1,275.00 pp		40 Hours (4 x 10 hour days)	Technical Rope Rescue Training (NFPA) 8:30am-6:30pm each day, Lunch Included	
	\$295.00 pp		8 Hours	Working at Heights Training * MOL approved 8:30am-4:30pm, Lunch included	
	\$295.00 pp		8 Hours	Working at Heights Rescue Training 8:30am-4:30pm, Lunch included	

HST APPLICABLE \* Applicable to Water & Wastewater Operators and are MOE Director approved for CEU's.

**Training will be held our Oakville location at 760 Pacific Road, Unit 19, Oakville.**  
**We suggest you bring hard hat, safety boots, gloves and safety glasses to all courses, except TDG Training.**  
 If you are looking to have group training (at your site or ours) please contact [brian@team1academy.com](mailto:brian@team1academy.com) for a custom quote.



# OPEN ENROLMENT – REGISTRATION FORM – PAYMENT OPTIONS

INVOICES WILL BE BILLED PRIOR TO THE COURSE START DATE.

## OPTION 1: INTERAC E-TRANSFER

Yes **If NO**, skip E Transfer Section.

**If yes**, you can do this on your on-line banking system, for most banks. It will allow to make a brief description prior to sending, please type the **Invoice Number** in that area. The email address to send the 'Interac e-Transfer' to is **debbie@team1academy.com**. Your on-line banking system will ask you to **create a password, once created please advise Debbie at our office**, via email with regards to the password and payment being sent so she can open this transfer at our end and deposit into our bank account.

## OPTION 2: CREDIT CARD

Paying by credit card?  Yes **If NO**, skip Credit Card Section.

**If yes**, call Debbie Linger at 905-827-0007 Ext. 124 or 1-844-42-TEAM1 (83261). She will need to know:

- If you are paying with Visa, Master Card or AMEX
- The card number, expiry date (Month/Year)
- Name on card and the security number (3 digits on back of card or 4 digits on front of AMEX card).

**A receipt will be emailed to you. Please ensure your card limit is sufficient for payment to be processed, thank you.**

**NOTE: IF YOU HAVE ANY BILLING QUESTIONS PLEASE CALL DEBBIE LINGER AT 905-827-0007 EXT. 124 OR 1-844-42-TEAM1 (83261) EXT. 124**

## OPTION 3: Sending a P.O.\*\*

Will you be sending a P.O.?

Yes  No

\*\* SUBJECT TO APPROVAL

## BILLING ADDRESS Check if same as site address.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

## BILLING CONTACT INFORMATION Check if same as site contact.

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ EXT \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

Would you like the invoice sent by email?  Yes  No

## CERTIFICATION MAILING ADDRESS SAME AS BILLING ADDRESS. SAME AS COURSE SITE ADDRESS.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Would you like the certificates sent by email?  Yes  No  
**NOTE: Certificates will be sent upon receipt of payment in full.**

### CONFIRMATION (REQUIRED):

**READ OUR CANCELLATION POLICY -- CLICK HERE --**

I have read / understood & agree to TEAM-1 Academy Inc. cancellation policy

PRINT NAME

\_\_\_\_\_

DIGITAL SIGNATURE

TITLE

DATE (MM/DD/YY)

**ONCE WE RECEIVE THIS FORM YOU ARE BOOKED AN EMAIL CONFIRMATION WILL BE SENT TO YOU CONFIRMING DATES, COURSES, NUMBER BOOKED AND DETAILS (START TIME, LOCATION, ETC.)**