



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 <small>(4 x 10 hour days)</small>	Confined Space Rescue Technician Training (NFPA) 8:30am-6:30pm each day, Lunch included	
	\$175.00 pp		16 Hours <small>(2 x 8 hour days)</small>	First Aid/CPR/AED Training (Red Cross) 8:30am-4:30pm each day, Lunch included	
	\$1,275.00 pp		40 Hours <small>(4 x 10 hour days)</small>	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 <small>(4 x 10 hour days)</small>	Technical Rope Rescue Training (NFPA) 8:30am-6:30pm each day, Lunch Included	
	\$295.00 pp		8 Hours	Working at Heights Training * CPO approved 8:30am-4:30pm, Lunch included	
	\$295.00 pp		8 Hours	Working at Heights Rescue Training 8:30am-4:30pm, Lunch included	
	\$195.00 pp		4 Hours	Working at Heights Rescue Training Refresher Course 8:30am-12:30pm	

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 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.)