

AVAILABLE COURSES

Enter the number of required courses in the box(es) below.

<input type="checkbox"/> WHMIS	<input type="checkbox"/> Asbestos Awareness	<input type="checkbox"/> Safe Work Practices
<input type="checkbox"/> TDG - for Drivers <small>(Transportation of Dangerous Goods)</small>	<input type="checkbox"/> WHMIS Level 1	<input type="checkbox"/> Excellence in Customer Service
<input type="checkbox"/> Confined Space Awareness	<input type="checkbox"/> YES (Office Safety Awareness)	<input type="checkbox"/> TDG - for Shippers
<input type="checkbox"/> Fall Protection Awareness	<input type="checkbox"/> YES (Outdoor Environment Safety)	<input type="checkbox"/> Verouillage and Etiquetage
<input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> CGS - Municipal Plants Safety Awareness	<input type="checkbox"/> SIMDUT
<input type="checkbox"/> Lift Truck Awareness	<input type="checkbox"/> CGS - Worksite Safety Awareness	<input type="checkbox"/> Transport des marchandises dangereuses
<input type="checkbox"/> Office Safety Awareness	<input type="checkbox"/> Health & Safety for Workers	<input type="checkbox"/> Espace Clos (Sensibilisation)
<input type="checkbox"/> General Safety Awareness	<input type="checkbox"/> Managing Health & Safety	<input type="checkbox"/> Les chariots élévateurs

EMPLOYEE INFORMATION

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

COMPANY INFORMATION

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Contact Email:	<input type="text"/>		

METHOD OF PAYMENT

VISA Mastercard American Express Cash*

Purchase Order †	<input type="text"/>
Credit Card Number:	<input type="text"/>
Name on Credit Card:	<input type="text"/>
Expiry Date:	<input type="text"/>

* Cash orders must be paid in advance to NORCAT at 1400 Barydowne Rd.
 † Purchase orders must be faxed to 705-521-1040

RESET FORM

SUBMIT

Orders by phone must be placed between 9:00am and 4:00pm Monday through Friday. Please Call **(705) 521-8324** ext. **222**
 This form must be completed in its entirety to ensure prompt registration. Accounts will be sent out within 1 business day of receipt of this order form.