

REGISTRATION FORM OCCUPATIONAL HEALTH AND SAFETY COURSE



Please fax your form to the number below that corresponds to your region.

REGIONS 2 – 6 – 7		REGIONS 1 – 3 – 5 – 8 - 9
PSAC - Montreal Regional Office 5800 St-Denis St., Suite 1104 Montreal QC H2S 3L5 Telephone: 514-875-7100 Toll-free: 1 Fax: 514-875-8399	-800-642-8020	PSAC – Quebec Regional Office 5050 des Gradins Blvd., Suite 130 Québec QC G2J 1P8 Telephone: 418-666-6500 Fax: 418-666-6999
 PL	EASE PRINT CLEARLY	/ IN BLOCK LETTERS
Course title:		
Dates:		
Your membership number is on your PSAC membership card. It is also on the membership list kept by your Local officer.		
Membership number	Compone	nt/ DCL Local
Union position	Classification or	job title Employer
Street number Street		Apartment
City/Town	· · · · · · · · · · · · · · · · · · ·	Province Postal code
Telephone number (Home)		Telephone number (Office)
Fax number (Office/Home/Local)		Cell number (if applicable)
IMPORTANT – Participant's email address		
Do you have any special needs (e.g. sign language interpretation)? Please specify:		
TO BE COMPLETED BY LOCAL PRESIDENT (REQUIRED) – If more than one member of your Local is registering for the course, CHECK OFF a number below to indicate the candidate's order of priority. Thank you.		
1 2 3 4 5 6		
Signature of candidate		Recommended by: Local President
<u>REQUIRED</u> – EMAII	ADDRESS OF THE PI	ERSON RECOMMENDING THE TRAINING