



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) 336-7624
or email: sandiedocs@gmail.com



DOCS IS AN AFFILIATE PARTNER OF PSHSA

Table with 2 columns: Course Name and Price. Includes rows for HEALTH AND SAFETY AWARENESS TRAINING PROGRAM, AODA SERVICE STANDARDS, WHMIS TRAINING, and INFECTION PREVENTION AND CONTROL. Total fee is \$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