

IBT Enrollment Form

This form must be completed and faxed to: 705.521.1005 ATT: IBT Enrollment

Available Courses (Check mark course required)	Number of Accounts Required
<input type="checkbox"/> WHMIS	_____
<input type="checkbox"/> SIMDUT	_____
<input type="checkbox"/> TDG for Drivers	_____
<input type="checkbox"/> Fall Protection Awareness	_____
<input type="checkbox"/> Office Safety Awareness	_____
<input type="checkbox"/> Confined Space Awareness	_____
<input type="checkbox"/> Lockout / Tagout Procedures	_____
<input type="checkbox"/> General Safety Awareness (GSA)	_____
<input type="checkbox"/> Young Employee Safety (YES)	_____
<input type="checkbox"/> Asbestos Awareness	_____

Company Information	
Company Name:	_____
Address:	_____
City:	_____
Province / State:	_____
Postal Code / Zip:	_____
Country:	_____
Contact Name:	_____
Telephone:	_____
Fax:	_____
Contact Email:	_____
Registrant name(s):	
1 _____	4 _____
2 _____	5 _____
3 _____	6 _____
<small>(list all registrants if more space needed, attach separate page)</small>	

Payment	
Method of Payment:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
	<input type="checkbox"/> Purchase Order #* _____
Credit Card Number:	_____
Name on Charge Card:	_____
Expiry Date on Charge Card:	____/____/____

***Purchase orders must be faxed or sent in along with this order form.**

Orders by phone must be placed between 8:00am and 5:00pm Monday through Friday.
Please Call 1.800.267.6855

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.