

Phone: 289-795-2528  
 E-mail: numair.uppal@oasisontario.on.ca  
 Website: www.oasisontario.on.ca



## 30<sup>th</sup> Annual OASIS Conference and Trade Show REGISTRATION FORM

### Business Information

Business Name: \_\_\_\_\_  
 ECA or MOE Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (Business): \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<i>Price List</i>	<i>Member (M)</i>	<i>Non-Member (NM)</i>
<i>Registration Fee</i>	\$360+HST	\$425+HST
<i>Spouse/Companion</i>	\$300+HST	\$360+HST
<i>Company Employee</i>	\$320+HST	\$380+HST
<i>Add-on</i>		
<i>Tour</i>	\$70+HST	\$85+HST
<i>C-12 Training</i>	\$200+HST	\$350+HST
<i>C-12 Renewal Training</i>	\$150+HST	\$250+HST
<i>PSAI (Module 1-3) Training</i>	\$400+HST	\$750+HST
<i>Spill Response Training</i>	\$150+HST	\$250+HST

### Please check all that apply:

	First Name	Last Name	Registration		Tour	Training			
			M	NM		C-12	C-12 Renewal	PSAI (1-3)	Spill
1									
2									
3									
4									
5									

### Method of Payment

Total: \$ \_\_\_\_\_ +HST

Credit Card: VISA or MasterCard or American Express

<b>Card Number:</b>		<b>Cardholder's Name:</b>	
<b>Expiry Date:</b>		<b>CVV:</b>	
		<b>Authorizing Signature:</b>	

*(All credit card transactions are processed by Ontario Association of Sewage Industry Services)*

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**30<sup>th</sup> Annual OASIS Conference and Trade Show**  
**ACUTE TRAINING REGISTRATION FORM**

**Business Information**

Business Name: \_\_\_\_\_  
 ECA or MOE Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (Business): \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<i>Price List</i>	<i>Duration</i>	<i>Member (M)</i>	<i>Non-Member (NM)</i>
<i>WHMIS (2015)</i>	2 Hours	\$80+HST	\$100+HST
<i>Due Diligence for Employers and Managers</i>	4 Hours	\$125+HST	\$160+HST
<i>Confined Space Entry Awareness</i>	8 Hours	\$250+HST	\$300+HST

**Please check all that apply:**

	First Name	Last Name	Registration		Training		
			M	NM	WHMIS	Due Diligence	Confined Space
1							
2							
3							
4							
5							

Total: \$ \_\_\_\_\_ +HST

**Method of Payment**

Credit Card: VISA or MasterCard or American Express

<b>Card Number:</b>		<b>Cardholder's Name:</b>	
<b>Expiry Date:</b>		<b>CVV:</b>	
		<b>Authorizing Signature:</b>	

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