

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



30th 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

Card Number:				Cardholder's Name:		
Expiry Date:		CVV:		Authorizing Signature:		

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

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



30th 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

Card Number:				Cardholder's Name:	
Expiry Date:		CVV:		Authorizing Signature:	

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

