

**SAFE EXCAVATION TRAINING, SET®
 COURSE REGISTRATION FORM**



(PLEASE PRINT CLEARLY)

Today's date:					
APPLICANT INFORMATION					
Name: (First, middle & last):			Cell Phone no.:		
			()		
Home Address:				Email:	
City, Province				Postal Code:	
EMPLOYER INFORMATION					
Employer:				Employer phone no.:	
				()	
Employer's Mailing Address:					
P. O. Box:		City:		Prov.:	Postal Code:
Name of Supervisor:		Email:			
COURSE / PAYMENT INFORMATION					
<p>➤ The course fee must be paid in full before the start of the class. See Course Fee Schedule.</p>					
Course: (includes course manual)			Course Start Date:		
ORCGA Member Non-Member <input type="checkbox"/> SET <input type="checkbox"/> SET					
Total \$		Please indicate payment method:			
		<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex			
Cardholder's name (exactly as shown on card)			Card no.:		Expiry date:
Signature:			Date:		
FOR OFFICE USE ONLY					
Date Received:					
Notes:					