



Ontario Electrical Safety Code (24th Edition/2009)

Workshop Registration Form

Company: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

ACP#: _____ Email: _____

Mail/Fax/Email your Workshop Registration Form to:

Electrical Safety Authority
P.O. Box 24143, Pinebush Postal Outlet
CAMBRIDGE, Ontario N1R 8E6

Tel.: 1-877-372-7233

Fax: 1-800-667-4278

Email: esa.cambridge@electricalsafety.on.ca

Attendee's Name:

Workshop ID # & Location:

Workshop Date:

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

Cancellation/Substitution Policy

Cancellation requests will be subject to an administrative processing fee of \$23.00 + HST (\$25.99).

Attendee substitutions will be accepted until 3:00 p.m. one business day before the workshop.

Method of Payment:

Cheque Enclosed (Payable to Electrical Safety Authority)

VISA MasterCard American Express

Card Number: _____ Expiry Date: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

ESA Account Number: _____

Payment Amount:

of Attendees: _____ X _____ = Total: \$ _____

(HST Registration Number: 87391-1424-RT-0001)

Privacy Statement

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com