UNIVERSITY OF MANITOBA
ENVIRONMENTAL HEALTH AND SAFETY OFFICE

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Contractor Orientation Registration

Indicate Session Date

_____ 8:30-10:30 am Rm 198 Extended Education

Company Name: _____

Contact Person: _____

Address: _____

Company Phone: _____ Fax: _____

Email Address: _____

Would you like a call to confirm receipt of this registration? ___Yes ___ No

PRINT CLEARLY – this will be used for certificate documentation **Surname (Last Name)**	**First Name**

Questions? Please call our office @ 474-6633
Fax this form to: 474-7629 or Email: EHSO@umanitoba.ca