



Training Program Registration Form

Please complete all areas of this form and return to SLEIPNIR LIFT MANAGEMENT

Name (last)		(first)	(middle)
Mailing Address		P.O. Box	City/Town
Province		Country	Postal Code
Telephone ()		Email	
Date of Birth	Year:	Month:	Day: Male () Female ()

Name of Next of Kin (last)		(first)	(middle)
Mailing Address		City/town	
Province		Country	Telephone ()

Course / Program			
Onshore Training held at 43 Sagona Ave, Unit 3, Mount Pearl, NL Canada			
<input type="checkbox"/>	Offshore Rigging & Slings – Stage 1	2 days \$650	<input type="checkbox"/>
<input type="checkbox"/>	Advanced Offshore Rigging – Stage 2	2 day \$650	<input type="checkbox"/>
<input type="checkbox"/>	Rigging Supervisor	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	Principles of Rigging	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	Banks person	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	Deck Crane Operation (G20)	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	2-day Fall Protection (WHSCC)	2 day \$350	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Crane Operator – Stage 1	5 days \$5,500	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Crane Operator – Stage 2	5 days \$5,500	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Crane Operator – Stage 3	*	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Crane Operator – Recurrent	3 days \$3,300	<input type="checkbox"/>
<input type="checkbox"/>	Forklift Operation	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Fall Protection (CAPP)	1 day \$250	<input type="checkbox"/>
<input type="checkbox"/>	Overhead Crane Operation (G4)	1 day \$325	<input type="checkbox"/>
<input type="checkbox"/>	Offshore Crane Operator – Stage 3 Knuckle Boom Endorsement	1 day \$1,100	<input type="checkbox"/>
* Denotes offshore training component. Please contact		15% HST to be added to all program costs	

Student Declaration

I hereby declare that I have disclosed all required information fully and accurately. If accepted as a student I agree to participate in all training activities. I further agree to abide by all Institute rules and regulations and understand that if I fail to do so, I will forfeit the privilege of remaining a student.

For sponsored students

I consent to the disclosure of information concerning my attendance and academic progress (courses/programs indicated above only) to my sponsoring agency or employer.

Signature _____ Date _____

Payment

Employer Paid Yes No Employer _____ Contact Name _____
Telephone _____

Personal Payment Yes No Visa MasterCard Card No. _____
Cash Certified Cheque Expiry Date: Month ____ Year ____

Return completed form to SLEIPNIR LIFT MANAGEMENT

Fax +1 709 753-6961

Email megrmajer@sleipnirlogistics.com