



SLEIPNIR

LIFT MANAGEMENT

SLEIPNIR LOGISTICS INC.
 P.O. Box 351 Stephenville
 NL, Canada A2N 2Z5
 Telephone +1 709 643-8555
 Fax +1 709 643-3100

Training Program Registration Form

Please complete all areas of this form and return to SLEIPNIR LOGISTICS INC.

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	2days \$650	<input type="checkbox"/> Offshore Crane Operator – Stage 1 *
<input type="checkbox"/>	Offshore Rigging & Slings – Stage 2	*	<input type="checkbox"/> Offshore Crane Operator – Stage 2 *
<input type="checkbox"/>	Rigging Supervisor	1day \$325	<input type="checkbox"/> Offshore Crane Operator – Stage 3 *
<input type="checkbox"/>	Principles of Rigging	1day \$325	<input type="checkbox"/> Offshore Crane Operator – Recurrent *
<input type="checkbox"/>	Banksperson – Fixed Installation	1day \$325	<input type="checkbox"/> Forklift Operation 1day \$325
<input type="checkbox"/>	Banksperson – Floating Installation	*	<input type="checkbox"/> Fall Arrest 1day \$325
<input type="checkbox"/>	Onshore Signal Person	1day \$325	<input type="checkbox"/> Overhead Crane Operation 1day \$325
* Denotes offshore training component. Please contact			13% 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. _____
 Expiry Date Month _____ Year _____

Return completed form to SLEIPNIR LOGISTICS INC.

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 Email info@sleipnirlogistics.com