



**Mohawk Council of Kahnawake  
Occupational Safety and Health**  
P.O. Box 720  
Kahnawake Mohawk Territory Via J0L1B0  
(450) 632-0635

CANCELLATION POLICY

We will refund your full program fee if you cancel 10 or more working days prior to course start date. If you cancel in fewer than 10 working days prior to course start date, we will refund the cost of the course minus 10 % registration fee. There are no refunds for non - attendance however you may send someone in your place (please provide full contact information of person attending). KOSH is not responsible for airline or other travel expense cancellation fees. KOSH may publish photos of course participants for promotional use.

PRIVACY STATEMENT

KOSH will keep private any information you provide to us. This information is stored and used to respond to your requests, alert you to future training opportunities. We do not share or sell any of the information you provide to us.

*Mailing Address*

**Mohawk Council of Kahnawake  
Occupational Safety and Health  
P.O. Box 720  
Kahnawake Mohawk Territory  
via Quebec, Canada J0L 1B0**

**Phone: 1+ (450) 632 - 0635 ext. 23  
Fax: 1+ (450) 635 - 1834**

**Please make checks payable to:**

**Mohawk Council of Kahnawake Dept. 1012**

**Cash payments may be made at our office  
between the hours of:**

**8:30 a.m. to 12:00 noon  
1:00 p.m. to 4:00 p.m.**

**Sorry we do not accept interact or credit cards**

## Group Training Registration Form

<b>Organization Name:</b>	
<b>Address:</b>	<b>City/Territory:</b>
<b>Prov./State:</b>	<b>Postal/Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	<b>Course Fee:</b>
<b>Course Title:</b>	<b>Course Date:</b>
<b>Authorized Representative Signature:</b>	

**THINK  
SAFETY  
FIRST  
YOUR  
FAMILY  
DEPENDS  
ON  
IT**

Please list all Attendees below:

Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:
Name:	
Address:	City/Territory:
Prov./State:	Postal/Zip Code:
Phone:	Email:

If you need more space use a separate sheet.