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**SECTION I: CONTACT INFORMATION**

Name \_\_\_\_\_

-

Title \_\_\_\_\_

-

Employer \_\_\_\_\_

-

Address \_\_\_\_\_

-

City \_\_\_\_\_ Prov \_\_\_\_\_

-

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**SECTION II: TYPE OF TRAINING REQUIRED AND NO. OF TRAINEES**

Course	No of Trainees
<input type="checkbox"/> 2-day Workshop: Equipment Operator Training	
<input type="checkbox"/> Refresher Workshop: Equipment Operator Training	
<input type="checkbox"/> 2-day Workshop: Supervisor/Patroller Training	
<input type="checkbox"/> Refresher Workshop: Supervisor/Patroller Training	
<input type="checkbox"/> Combined Winter Maintenance Refresher	