



Registration Form for CTSP Training

Contact Information:

Date: _____

Company: _____

Contact Name: _____

Mailing Address: _____

City, Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Email Address for Invoicing: _____

***IMPORTANT** – Above, email address for invoicing is the preferred way to also send your official receipt *

Participant's Name: *(if different from above)* _____

Participant's Phone Number: _____

Participant's Email Address: _____

****Some courses currently not available ****

CTSP Mandatory Courses	Member	Non-Member	Date of Course
Legislation, Standards and Policies (2 day)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Health and Safety System Building (3 day)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	
Fundamentals of Auditing (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Instructional Design and Delivery (3 days)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	
NSC Program Administration (2 days)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	
NSC Program Management (2 days)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	
Leadership in Transportation (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Fundamentals of Investigation (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
CTSP Elective Courses			
Psychological First Aid (1 day)	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$150.00	
Collision Investigation (3 day)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	
COR Auditor (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
PDIC Instructor (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
LCV Instructor (2 days)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Workplace Investigation (2 day)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Managing Injuries in the Workplace (2 day)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	



Computer Requirements for Students:

- 2.0 GHz with 4.0 GB RAM
- Internet Explorer 11, Microsoft Edge, the latest version of Google Chrome or the latest version of Firefox
- Webcam
- Microphone
- Speakers / Headphones / Ear Buds
- Ethernet cable internet recommended (Wi-Fi if ethernet not available)
- Internet connection will need to support a minimum of 50-100 mbs download speed and 15-25 mbs upload speed however personal network speed may vary (speedtest.net)

Tablets have not been tested and may not be compatible.

To Check your system compatibility: <https://www.whatismybrowser.com/>

Please be advised that physical course materials are no longer provided or included in the course price. You will receive a PDF copy via email upon registration which can be printed at your convenience.



Authorization:

Name of Authorized Representative: _____
(Please Print)

Title: _____ Signature: _____

Note: It is the policy of the STA that only members of the Association may be invoiced. Sorry for any inconvenience - we are able to accept VISA or MC over the phone as well.

Payment Information			
Payment Method: <input type="checkbox"/> Invoice (Members Only)		Amount:	\$
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Cheque Attached			
Card #:		GST (5%):	\$
Expiration Date:	CVV:	Total:	\$

Office Use Only:

Cancellation Policy:

Cancellations must be received by speaking to our staff in person, by phone (NOT by voicemail) or in writing:

- Cancellation with at least (5) business days before the course start date- STA will refund the registration fee in full
- Cancellation with 48 hours notice- STA will refund 50% of the registration fee
- Cancellations with less than 48 hours notice or no-show will be charged in full.

Please sign that you have read and agree with the cancellation policy.

Signature: _____ Date: _____