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Please complete this form and return together with payment to: Prevention Link 15 Gervais Drive, Suite 202 Toronto, ON M3C 1Y8 Attn.: Sue Fratric For further information please contact Sue Fratric: Phone: (416) 443-7683 E-mai: sfratric@preventionlink.ca Website: preventionlink.ca		Mark your course selection and fill in payment amount: Total Payment: \$ Cheque enclosed. LEVEL 1: Rights & Obligations LEVEL 2: Benefits & Services LEVEL 4: Return to Work LEVEL 5: Medical Orientation LEVEL 5: Occupational Disease I have taken all pre-requisite courses (see below)
Registration: Sun. Class Time: MonThurs. Class Time: Fri. Class Time:		Yes / No Note: The Prevention Link team recommends that you email a copy of your registration form prior to mailing the original with payment. You may also register online and pay with a credit card. Fax: (416) 441-0722 – Online: preventionlink.ca

Please note: Level 1 & 2 courses are prerequisites for "Appeals & Dispute Resolution" and "Return to Work". "Appeals & Dispute Resolution" or "Return to Work" are a prerequisite for "Medical Orientation". "Medical Orientation" is a pre-requisite for "Occupational Disease".

PREVENTION LINK BOOKING AND CANCELLATION POLICY

Course numbers are limited to ensure a quality learning experience for all participants. Places are allocated in order of receipt of registration form. Written cancellation received 10 working days prior to the first day of training are subject to a 25 per cent administration charge. Cancellations received thereafter are refunded at 50 per cent of the registration fee.

Prevention Link may cancel any training session at any time with a full refund. Every effort will be made to ensure that registrants of a cancelled course are placed in the next available course. Prevention Link is not responsible for wages, non-refundable travel, meal or accommodation costs. Should a participant be unable to attend, a substitute nomination is welcome at no additional charge.

PREVENTION LINK PRIVACY POLICY

Prevention Link is committed to protecting your privacy and the confidentiality of information provided to us as regulated by Privacy Legislation. The information you provide is necessary to enable the processing of your registration and updating your current records with us. The information will be used to contact you regarding registrations and cancellations, provide you with information about a range of current / future workplace insurance and disability prevention training opportunities and other prospective events that may be of interest to you. Information provided by you may be disclosed to a relevant third party as a part of a grant agreement audit requirement. Information may also be disclosed to our affiliate organizations as an update report on their member training.



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