



## EVENT NOTICE: Thursday, February 15th, 2018

The HRAI Golden Horseshoe Chapter welcomes

Mr. Will Robinson

*from*

Hi Mark

*discussing*

**B149.1-15, B149.2-15 and  
B149.3-15 series of code books  
adopted on July 1, 2017**

**LOCATION:** The Innsville  
1143 Highway 8, Stoney Creek

**DATE:** Thursday February 15th, 2018

**TIME:** Social: 4:30 pm  
Dinner: 5:00 pm  
Presentation: 6:00 pm

**COST:** GH Chapter Member  
@ 1<sup>st</sup> participant FREE, \$30/additional guest  
\$30 for Non-GH Chapter members

*Payable at the door by cash, cheque, Visa or Mastercard*

**This code book update course is available to any certified Gas Technician in Ontario. All participants must have an Ontario TSSA issued Gas Technician Certificate and bring their copy of the B149.1-15 code with the new amendments, acts and regs. Photo ID is required the night of the presentation.**

**PRE-REGISTRATION IS MANDATORY.**

**All participants will receive a manual and a certificate of completion.**

### REGISTRATION FORM

**Registration Deadline:**

Monday Feb. 5<sup>th</sup>, 2018

**Fax or Email Registration Form to Megan Campigotto:**

Fax: 905.643.6744    [megan@arvinair.com](mailto:megan@arvinair.com)

Tel: 905.643.6646

Total number of guests: \_\_\_\_\_      1   HRAI Member (FREE)    \_\_\_\_\_ Non-Member (\$30.00/person)

Company \_\_\_\_\_

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_    Email \_\_\_\_\_

## CODEBOOK UPDATE PARTICIPANTS FORM

<b>COURSE NAME:</b> Codebook Update		<b>LOCATION:</b> <i>Stoney Creek</i>		<b>START DATE:</b> <i>Feb 15, 2018</i>	
<b>SECTION 1 – Personal Information</b>					
NAME:				DATE OF BIRTH (Y/M/D):	
HOME ADDRESS:			CITY:		PROV:
POSTAL CODE:	CONTACT PHONE #:		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE #:	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
FAX:		EMAIL:			
HOW DID YOU HEAR ABOUT OUR COURSES?					
SIGNATURE:			DATE:		
<b>SECTION 2 – If Receiving Funding or Employer is Paying</b>					
COMPANY (If Company is Paying) OR COUNSELLOR (If Receiving Funding): (Employer/Counsellor Name, Company Name, Address, Phone # & Email)					

**For more info please call 416-781-8000 / Toll Free 1-877-444-6275 / Fax 416-781-2545 / Email: [training@himark.ca](mailto:training@himark.ca)**

Note: Information provided above will not affect applicant's admission to Hi-Mark O.S.T.C. Ltd. or their ability to gain employment and is for internal use only.

*✂✂✂ Fax or email with Event Registration to 905-643-6744 OR megan@arvinair.com*

OFFICE USE ONLY		Codebook(s) Ordered:			Total Amount Due
Date	Amount	Type	Rec'd By	Balance	Comments

**ID Verification of DOB:**    -Driver's Licence/Health Card    -Passport    -Other: \_\_\_\_\_

**Funding Source:**    -Self-funded    -Employment Ontario    -WSIB  
-Employer    -Aboriginal Band Council    -Other: \_\_\_\_\_

Student Number: