

## Respirator Fit Test Friday – Registration Form

Return to [rft@1LifeWSS.com](mailto:rft@1LifeWSS.com) or FAX to 204-231-1105

| Company:   |      |                |               |
|--|------|----------------|---------------|
| Name:  |      | Job Title:     |               |
| Phone:   |      | Email Address: |               |
| How did you hear about us?   |      |                |               |
| Company Information  |      |                |               |
| Street:  |      | City:          | Prov: Postal: |
| Phone:   | Fax: | Website:       |               |
| Industry:  |      | # of Workers:  |               |
| Order Details  |      |                |               |
| No. of workers: _____ @ \$75/person* (includes live training and up to 3 fit tests; additional tests \$25pp*)  |      |                |               |
| <input type="checkbox"/> *I am a mySafetyAssistant subscriber (save 10%)   |      |                |               |
| No. of workers: _____ @ \$50 per person (includes up to 3 fit tests; additional tests \$25* each) <b>They will complete the mySafetyAssistant Respirator Care and Use online training program prior to testing.</b>  |      |                |               |
| Total Cost: \$_____ (subject to applicable taxes)  |      |                |               |
| Requested Testing Date: _____  |      |                |               |
| Mask Type/Make/Model: _____  |      |                |               |
| <i>Please note that this registration form is for Respirator Fit Test Friday sessions only. If you need to book outside of regularly scheduled testing or are interested in on-site testing held at your location, please call or email us to discuss.</i> |      |                |               |
| Payment Information  |      |                |               |
| Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express   |      |                |               |
| Card Number:   |      | Expiry:    /   |               |
| Name on Card:  |      | CVV:           |               |
| Authority to Purchase by:  |      |                |               |
| SIGNATURE:   |      | Date:          |               |