



Compl	iments	of:



Visit us in Booth#:

724

Company		
Job Title		
Address		
City		
Prov./State	Postal / Zip Code	
Phone	Fax	

Please tell us about yourself

Please circle ONE in each of the following categories

How many employees are in your organization / company:

A 1-5 B 6

B 6-19

C 20-49

D 50-99

E-mail

Name

E 100-249

F 250-499

G 500+

Which of the following most accurately describes your workplace's primary business activity:

A Agriculture / Landscaping

B Construction

c Education

D Electrical

E Government

F Health / Community Care

G Industrial / Manufacturing

H Natural Resources

I Professional Services

J Restaurant / Food Services

K Retail / Wholesale

L Telecommunications

M Tourism /Hospitality

N Transportation

Which of the following job responsibilities most accurately describes your position:

A Health Care Professional

F Purchasing

B Health / Safety / Environmental Specialist

C Human Resources

H Senior Management

D Owner / Operator

E Production / Operations

J Worker / Tradesperson

Are you a JHSC Member?

G Sales / Marketing Yes

No

Do you make or influence health and safety buying decisions for your business?

Yes

No

I Technical Specialist / Engineer

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For more information, contact WSPS at 905-614-1400 or 1-877-494-9777