

## **Registration Form**

Thank you for your interest in the CEO Health + Safety Leadership Network. To register, please **complete**, **save and email this form to** <u>CEOHSNetwork@WSPS.ca</u>.

Note: all fields in this form must be completed in order for your membership to be activated. Please see Membership Guidelines for additional information.

## **Primary Contact Information**

CEO (or most Senior Executive in Canada that will be attending the meetings):			
First Name	Last Name		
Title	Main Telephone No.	Email Address	
Company Contact Information:			
Company Name			
Address			
City	Country	Postal Code	
Number of Employees in Canada			
Assistant Contact Information:			
First Name	Last Name		
Title	Main Telephone No.	Email Address	



## **Requested Information**

s a member of the CEO Health + Safety Leadership Network, I agree to the following terms of articipation:		
Share organizational & industry best practices with CEO Health + Safety Leadership Network members		
Actively participate in the CEO Health + Safety Leadership Network events – twice per year		
Participate in collaborative research projects, position papers and initiatives of the CEO Health + Safety Leadership Network		
Agree to meet face-to-face with CEO colleagues and openly discuss challenges, progress, and best practices		
Agree to host tours and site visits for members of the Network		
Consider sponsorship opportunities to demonstrate your commitment in a more visible way to your employees, customers, investors and stakeholders		
Provide a commitment statement to be included on the CEO Health + Safety Leadership Network sit and grant permission to be recognized as a member (company name and logo) on promotional materials	:e	
lease provide a brief CEO commitment statement that can be added to the <u>CEO H+S Leadership Network</u> rebsite and/or marketing collateral.		
y signing this form, you agree to the terms of participation outlined above, and give consent to share your ompany name and logo, as well as the CEO commitment statement in promotional materials and on the EO Health + Safety CEO Leadership Network website. Please see our Privacy Statement. CEO Health + afety Leadership Network reserves the right to photograph its events, and from time to time we use these hotos in our publications. By registering for any of our events, you understand and acknowledge that your hotograph may be taken and used, per CEO Health + Safety Leadership Network discretion.	9	
ignature of CEO (or most Senior Executive in Canada) Date		
Thank you for taking the time to complete this form. A confirmation will be sent to you when your membership is approved. If you have any questions, please contact us at <a href="mailto:CEOHSNetwork@WSPS.ca">CEOHSNetwork@WSPS.ca</a> .		