

CONDITIONS

TERM AND **TERMINATION**

NOTICES AND COMMUNICATIONS

For CCOHS: Name Signed

MEMORANDUM OF UNDERSTANDING

between					
(Name of Organization) hereinafter referred to as "the Organization"					
and					
The Canadian Centre for Occupational health and Safety (hereinafter referred to as CCOHS), a departmental corporation of the Government of Canada, incorporated under the laws of Canada.					
CCOHS provides information on all aspects of occupational health and safety. CCOHS wishes to work with the Organization to achieve a safe and healthy working environment and help course attendees acquire skills and knowledge about occupational health and safety. CCOHS grants permission to the Organization to make selected electronic information available to its course attendees, and staff at an attractive subscription fee.					
The following databases have been selected for their usefulness in a labour training environment:					
MSDS CHEMINFO CHEMpendium™ OSHLINE™ with NIOSHTIC® RTECS®					
CCOHS will provide an annual subscription and updates to these databases on the World Wide Web (WWW). CCC will also provide user documentation, customer service and technical assistance through its toll-free Helpline.)HS				
The Organization will designate a Senior Staff Member to endorse the program and ensure that all the above-name databases are available through the Internet to be readily accessible to all course attendees and staff. The database will be used in accordance with the CCOHS "Terms & Conditions (Web)". The Organization shall pay CCOHS an annual subscription fee of \$1,195.					
Payment of the annual fee is net thirty (30) days and shall be made to CCOHS care of: Manager, Finance, CCOHS, 135 Hunter Street East, Hamilton, Ontario, L8N 1M5 in Canadian funds for Canadian orders, and US funds for US and other countries.					
*Prices for products purchased for use outside Canada are payable in US funds:					
This Memorandum of Understanding will be effective from the date indicated and continue for a term of one (1) year. It will automatically be renewed for further one-year terms, unless either party gives notice of termination at least 60 days prior to the end of the year.					
The Organization may terminate this Agreement at any time upon written notice to CCOHS. Upon termination, th Organization agrees to cease delivery of the databases on the Organization's computers.	е				
CCOHS may terminate this agreement at any time for failure by the Organization to cure a material breach of this Agreement within thirty (30) days after CCOHS provides the Organization with a written demand for performance					
Notices under this Agreement shall be delivered in writing to the addresses given below or to such addresses as me be provided by one party to the other:	ay				
In the case of the Organization:					
In the case of CCOHS: President and Chief Executive Officer, CCOHS					
IN WITNESS WHEREOF, the Organization and CCOHS have executed this Memorandum of Understanding by their respective duly authorized officers, on the dates hereinafter written.					
For the Organization:					
Name Title					
Signed Date					



Date



ORDER FORM

			Date	
SELECTION	ANNUAL SUBSCRIPTION PRICE	QUANTITY	SUBTOTAL	
□ Labour Support Program Including — MSDS — CHEMpendium [™] — OSHLINE [™] with NIOSHTIC® — RTECS®	\$1,195			
		TOTAL		CDN

Prices for products purchased for use outside Canada are payable in US funds.

BILLING / SHIPPING INFORMATION

BILL TO:	☐ New Order	Renewal	Customer Number	WIE
Name			Title	
Organizatio	n			
Address				
Country			Mailing Code	
Phone ()		Fax ()	
E-mail				
SHIP TO:	☐ Same as abo	ve		
			Title	
Name			Title	
Name	n			
Name	n			
Name Organizatio Address City	n		Province/State	
Name	n.		Province/State	
Name)		Province/State Mailing Code	

PAYMENT TERMS

Cheque or money order payable to CCOHS is enclosed (drawn on Canadian or US banks only). Note: Prices for products purchased for use outside Canada are payable in US funds.					
Purchase Order No.	Card No.	□ Visa	☐ Mastercard	☐ American Express	
	Expiry Date	9	Name of C	ardholder	
	Signature				

Your Privacy is Important

May we contact you at a future date, via e-mail or another method, to ask for your input evaluating our services and your satisfaction with them? Yes □ No □

Please help us to serve you better by completing the following survey.

Your job/department type is best described as:

- □ Regulatory
- ☐ Industrial Hygiene
- ☐ Chemistry / Science / Research
- ☐ Engineering / Production / Operations
- ☐ Management / Administration
- ☐ Safety / Security / Fire / Emergency
- ☐ Medical
- ☐ Library

Your company classification is best described as:

Goods Production

- Primary Resources, Oil and Gas, Mining, Agriculture
- ☐ Chemicals, Pharmaceuticals, Plastics ☐ Food, Textile, Wood, Paper, Rubber, Stone, Glass
- ☐ Metals, Machinery, Electronics, Other Industries

Services

- ☐ Transportation and Public Utilities
- Wholesale and Retail Businesses
- Consultants and Legal Services
- Other (eg. Finance, Insurance, Food, Hotel)

Educational

- University, College
- School / School Board
- Public Libraries, Museums and Archives

Health and Social

- ☐ Hospitals
- ☐ Health Clinics and Medical Agencies
- Public Health Departments
- Other Health Services

Government

- ☐ Federal Departments, Federal Agencies
- Provincial and Territorial Departments and Corporations
- Municipal, Regional Departments
- ☐ Fire and Emergency Services

Other \Box

