

Please indicate which of the following applies to your institution (one or both):

Private Career College       Private School

Legal name of institution	
Operating name of institution	
Website Address	WSIB Provider Billing ID Number (if known) <b>1000</b>

Address where education / training services delivered		
Street Address		
City/Town	Province	Postal Code
Mailing address if different from above.		
Street Address		
City/Town	Province	Postal Code

Contact Information		
Main Contact		
First Name	Last Name	Title
Telephone	Fax	Email Address
Alternate Contact		
First Name	Last Name	Title
Telephone	Fax	Email Address

Declaration	
<p>I, _____ have the authority to sign this Agreement form on  <small>(Name and Title; please print)</small></p> <p>behalf of the institution. _____ agrees to  <small>(Name of Institution; please print)</small></p> <p>comply with the WSIB Terms of Sponsorship.</p>	
Signature	Date (dd/mmm/yyyy)

**Please send the completed and signed form to [sponsorshipterms@wsib.on.ca](mailto:sponsorshipterms@wsib.on.ca).**  
**If unable to email a signed copy, please fax to the attention of Catherine Desbois (Work Reintegration) at 416-344-4684 or 1-888-313-7373.**