



## Registrant's name \_\_\_\_\_

### How did you learn about conference? (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ASSE Southern Oregon Chapter | <input type="checkbox"/> Industry association  | <input type="checkbox"/> Newspaper                   |
| <input type="checkbox"/> Oregon OSHA                  | <input type="checkbox"/> Insurance carrier     | <input type="checkbox"/> Public service announcement |
| <input type="checkbox"/> Direct mail flyer/program    | <input type="checkbox"/> Labor association     | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Co-worker                    | <input type="checkbox"/> Management / employer |  |

### Attendee profile (check one)

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employee   | <input type="checkbox"/> Consultant  |
| <input type="checkbox"/> Management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Owner      |                                      |

### Indicate which industry you represent: (check one)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                   | <input type="checkbox"/> Forest Activities/Logging        | <input type="checkbox"/> Healthcare     | <input type="checkbox"/> Warehousing                 |
| <input type="checkbox"/> Construction                  | <input type="checkbox"/> Foundries                        | <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Wood Products Manufacturing |
| <input type="checkbox"/> Food Processing/Manufacturing | <input type="checkbox"/> Government/Public Administration | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other/not listed            |
|  |   | <input type="checkbox"/> Utilities      |  |

### Are you a safety committee member?

- Yes  No

### Please indicate the number of employees at your worksite:

- 20 employees or less  
 21 employees or more

## Part 2 – Session Selection

For EACH TIME PERIOD circle the (1) next to the session you would most like to attend. Also circle the (2) next to the session that is your second choice for that time period.

**EXAMPLE:**

|   |   |                 |
|---|---|-----------------|
| 1 | ② | Example class A |
| 1 | 2 | Example class B |
| ① | 2 | Example class C |

### Wednesday, October 20

#### 6:45 a.m.

- Yes, I wish to attend the Early-Bird Walk

#### 8:15-9 a.m.

- Yes, I wish to attend the Welcome and Keynote

#### 9:30 a.m.-12:30 p.m. SESSION 1

- |   |   |   |
|---|---|---|
| 1 | 2 | Building Blocks of Safety and Health Management   |
| 1 | 2 | Powerful Tools for Improving Safety in Your Business!   |
| 1 | 2 | Promoting Optimal Health and Performance in the Workplace   |
| 1 | 2 | Respiratory System Part 1 – Every Breath We Take: the What, When, Why and How to Care for Our Lungs |
| 1 | 2 | Training on Track!  |
| 1 | 2 | Machine Guarding and Lockout  |

#### 1:30-4:30 p.m. SESSION 2

- |   |   |   |
|---|---|---|
| 1 | 2 | Successful Safety Committee Operations  |
| 1 | 2 | Analyzing and Controlling Hazards: A Systematic Approach                              |
| 1 | 2 | Dodging the Bugs: Coping with Infectious Disease Risk in the Non-Healthcare Workplace |
| 1 | 2 | Respiratory System Part 2 – And What Does All This Mean in the Workplace?             |
| 1 | 2 | Driver Safety   |
| 1 | 2 | Scaffolding and Ladder Safety   |

### Thursday, October 21, 2010

#### 7 a.m.

- Yes, I wish to attend the Early Morning Energy Booster

#### 8-11:45 a.m. SESSION 3

- |   |   |   |
|---|---|---|
| 1 | 2 | Effective Leadership Communication                                  |
| 1 | 2 | Successful Safety Committee Operations (Repeat)                     |
| 1 | 2 | The Care and Feeding of Your Back: Steps to a Healthy Back - Part 1 |
| 1 | 2 | Healthcare or Sickcare: Disease Costs, Prevention Saves             |
| 1 | 2 | Practical Strategies for Preventing Slips, Trips, and Falls         |
| 1 | 2 | How to Deal with Saturday Night on Monday Morning                   |
| 1 | 2 | Safe Spray Finishing: Environmental and Occupational Operations     |

#### 1:30-4 p.m. SESSION 4

- |   |   |  |
|---|---|--|
| 1 | 2 | Fostering Greater Workplace Engagement                               |
| 1 | 2 | Advanced Accident Investigation                                      |
| 1 | 2 | The Care and Feeding of Your Back: Steps to a Health Back – Part 2   |
| 1 | 2 | Combustible Dust: A Best Practice Approach and Compressed Gas Safety |
| 1 | 2 | Identifying and Managing Your Confined Spaces                        |
| 1 | 2 | “Get the Lead Out” and Other Heavy Metal Workplaces                  |

### Special accommodations

- Check if you require special services. Attach a written description of your needs.

Register online at [www.regonline.com/southern\\_oregon10](http://www.regonline.com/southern_oregon10)