



REGISTRATION FORM

9th Annual Central Carolina Occupational Safety and Health School

[Pre-Conference Workshop March 8, 2006 – Safety School March 9-10, 2006]

Name _____	Title _____
Company _____	Telephone () _____
Address _____	Fax () _____
City, State _____	Zip _____
E-mail _____	

Check (payable to *CCOSH School*), or credit card charge in the amount of: _____

For credit card payment, complete the following:

Credit Card Number (check one) VISA MasterCard American Express

_____ Exp: _____

Visa or MasterCard holders, please provide 3 digit security code from back of card

Name (as it appears on the card) _____

Signature _____

Registration Fees:

Pre-Conference Workshop, March 8, 2006, **AND** CCOSH Safety School March 9-10

\$275

*(Note: To fully complete the OSHA 10-hr course for General Industry and receive the certificate, participants must attend the 8-hr workshop on March 8th, **AND** attend at least two sessions during the CCOSH School, March 9 -10.)*

CCOSH Safety School - March 9-10, 2006 (fee for early registration, prior to Feb 2, 2006)

\$150

(Early registration fee also applies for groups of 5 or more, registered together at any time.)

CCOSH Safety School (fee for registration after Feb 2, 2006 or on-site at school)

\$175

Pre-Conference Workshop ONLY, March 8, 2006 (10-hr certificate not available for 1-day only students)

\$125

CCOSH Safety School registration includes: complimentary CCOSH gift, snacks at breaks, lunch buffet on Thursday and free 'Casino Night' activities with hors d'Oeuvres buffet on Thursday afternoon.

Instructions:

- Please print and fax, mail, or e-mail this completed form.
- Confirmation and receipt will be provided on receipt of complete information via email.

<input type="checkbox"/> Mail (Send completed form with payment; include credit card info and signature OR check made payable to: <i>CCOSH School</i>) CCOSH School, c/o Tom Werner 2311 Anthony Drive Durham, NC 27705	<input type="checkbox"/> E-Mail (Send completed form; please include credit card info and signature) twerner@dot.state.nc.us	<input type="checkbox"/> Fax (Send completed form; please include credit card info and signature) Fax No. (919) 250-4268
Have questions or need registration information? Call Dave Machles at 919-676-2877, X 11		