

WESTCHESTER REGION HEALTH & SAFETY TRAINING PROGRAM FALL 2007 REGISTRATION FORM

ALL TRAINING WILL TAKE PLACE AT:
WESTCHESTER COMMUNITY COLLEGE, 75 GRASSLANDS ROAD, VALHALLA, NY 10595
PHONE: 914-606-6618 FOR GENERAL INFORMATION

REGISTER ONLINE @ WWW.ABCNYS.ORG/EDUCATION.CFM

Please check (✓) one or more of the following boxes (☐)

Sexual Harassment Prevention (3 hours)

ABC Member \$65 per student Non Member \$95 per student
Class date: Tuesday, November 13, 2007
Class time: 5 pm – 8 pm, TEC Room 127

Adult First Aid/CPR (6.5 hrs)

ABC Member \$95 per student Non Member \$140 per student
Class dates: Tues, November 27 and Wed, November 28, 2007
Class time: 5 pm – 8 pm

Asbestos Awareness Training (4 hours)

ABC Member \$85 per student Non Member \$130 per student
Class date: Thursday, November 8, 2007
Class time: 6 pm – 9 pm

Labor Relations (3 hours)

ABC Member \$65 per student Non Member \$95 per student
Class date: Wednesday, November 14th
Class time: 5 pm – 8 pm, TEC Room 127

FREE...FREE...FREE OSHA 10 & 30 Hour Safety Training* Members Only!

Space is limited.

Enrollment due 5 business days prior to course date.

Enrollment limited to 6 employees per course.

OSHA 10-Hour Training (10 hrs)

Class dates: Sat., December 15, 2007
Class time: 7:30 am – 5:30 pm

REGISTRATION DEADLINE: December 10, 2007

OSHA 10-Hour Training (10 hrs)

Class dates: Sat., January 12, 2008
Class time: 7:30 am – 5:30 pm

REGISTRATION DEADLINE: January 7, 2008

OSHA 10-Hour Training (10 hrs)

Class dates: Sat., March 15, 2008
Class time: 7:30 am – 5:30 pm

REGISTRATION DEADLINE: March 10, 2008

OSHA 30-Hour Training (30 hrs)

Class dates: February 25, 26, 27, 8:00 am – 4:30 pm (M, T, W)
February 28, 8:00 am – 2:00 pm (TH)

REGISTRATION DEADLINE: February 18, 2008

* Provided through a grant from the NYS Hazard Abatement Board
Occupational Safety & Health Training & Education Program
Contract #CO12681

STUDENT INFORMATION: PLEASE PRINT

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: (____) _____

Email: _____

EMPLOYER INFORMATION: PLEASE PRINT

Company: _____

Address: _____

Employer Phone: (____) _____

Employer Fax: (____) _____

Payment Policy

Registration forms with full payment must be received prior to the first class. There are no refunds for students who withdraw. **Refunds will be charged \$50.**

Payment Method

Enclosed \$ _____

Check (payable to CTC) Check # _____

Construction Training Trust – CTT PO attached

Credit Card

Name on Card: _____

Signature: _____ Date: _____

Exp. Date _____ Total charged: _____

CVV# (last 3#s on back of card):

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Circle one: Amex (15#s) VISA (16#s) Mastercard (16#s)

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Please return this form with payment to:

CTC NYS, 6369 Collamer Drive East Syracuse, New York 13057

Phone: (888) 696-2237

Fax: (315) 671-1512

Email: training@abcnys.org