



# HEALTH & SAFETY WEEK 2010 REGISTRATION

2155 Commercial Drive, Plainfield, IN 46168  
(317) 837-5362 • Fax: (317) 837-5365

**Individual Registration** includes access to the session for one week and an online CEU quiz

**Leader Registration** includes access to the online session for one week and a leader kit

(Checklist and Leader Notes, PowerPoint, Handouts, CEU Quiz & Answers and additional registration materials.)

Registration Deadline: Noon on Friday prior to your selected session.

### New Hire Safety Orientation

*1 CSIA Health & Safety CEU, 1 NFI Safety, Health, Liability CEU*

Every year, there are more than 5 million work-related injuries and illnesses. That means that every year, one out of every 18 people in the workplace will get injured or become ill. Last year alone, there were more than 5,000 people killed in the workplace. **Select a Format:**  Individual \$29  Leader \$59

- Select a Session:**  August 16-20  September 20-24  
 October 18-22  November 15-19  December 20-24

### Heat Stress

*1 CSIA Health & Safety CEU, 1 NFI Safety, Health, Liability CEU* Attendees will learn how the body responds to heat, why the body's cooling mechanisms sometimes fail, what factors contribute to heat-related illness and how to recognize, treat and prevent heat disorders and illness.

**Select a Format:**  Individual \$29  Leader \$59

- Select a Session:**  August 16-20  September 20-24  
 October 18-22  November 15-19  December 20-24

### Respirator Safety

*1 CSIA Health & Safety CEU, 1 NFI Safety, Health, Liability CEU*

Learn the "why"s and "how"s of respirator use including the difference between air purifying respirators and supplied air respirators.

**Select a Format:**  Individual \$29  Leader \$59

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**Registrant Name:** \_\_\_\_\_

**Registrant Email Address:** \_\_\_\_\_

(Note: Username and Password must be a minimum of 6 characters)

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City, State ZIP** \_\_\_\_\_

**Telephone (\_\_\_\_)** \_\_\_\_\_

**Company Email Address** \_\_\_\_\_

**Total Due \$** \_\_\_\_\_

**Payment Information**  Visa  MasterCard  AmericanExpress

Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_

**Card Security Code:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Office Use Only: O2P C2F**

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REC'D BY: \_\_\_\_\_

REC'D DATE: \_\_\_\_\_

**VALID 9/1/09-12/31/10** Revised: 07/28/10