

Sit down, propane forklift competition

Oregon Convention Center – Portland ► Wednesday, March 8, 2023

Please print

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____



Team Entry: Are you also a member of a three-driver team? ☐ Yes ☐ No

List other team members:

Teams of three must be determined prior to the event with a limit of one team from a location. Driver changes are allowed prior to check-in. Team score is derived from the three individual scores.

More CFC information or to register online visit oregongosh.com

Once registered, and paid, you will receive the **Driver Application Packet** via e-mail (beginning January 16, 2023). Packet includes:

- Driver biography form
- Waiver
- Proof of operator training from your employer
- 20-question “Safe Forklift Operation” quiz

The quiz is not a pass-fail exam; however, participants will receive a one point demerit for each incorrect answer.

NOTE: Forklift operators must be competent to operate the truck safely (as determined by their employer). The proof of operator training should be a photocopy of the employer's documentation showing the operator was trained and evaluated to operate the forklift safely.

Entry fee is \$125 per person

(lunch included)

Payment must accompany registration form.

Make check payable to:

Oregon Governor's Conference

PO Box 5640

Salem, OR 97304-0640

– OR – **Fax** form with credit card information to **503-947-7019**

Check-in on March 8, 2023, begins at 7:30 a.m. and closes at 8:15 a.m. in Exhibit Hall C at the Oregon Convention Center. All drivers must attend the driver's orientation at 8:30 a.m. or as soon as all drivers have checked in. Starting times will be chosen by drawing numbers and assigned to each driver after check-in.

Questions? Contact Craig Hamelund at **971-375-7156**
or email Craig.Hamelund@dcbs.oregon.gov

Charge \$ _____ **my:** ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name on card (print): _____ **Phone:** _____

Billing address: _____

Billing city: _____ **Billing Zip Code:** _____

Exp. date: _____ **Security code:** _____

*3 digits on back of MasterCard or VISA
4 digits on front of American Express*

Signature: _____

Office use only

Date Rec. _____

Amt. Rec. _____

Check # _____

PO # _____

Last 4 _____

Credit Card #:

For your protection, your credit card number will be shredded after processing.