



GISTRATION FORM th 7-10, 2011 • Oregon Convention Center • Portland	GOSH	
endee Contact Information orint	All parts of the registration form must be completed to process your registration.	

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Name:			
(Print N	ame as you would like it on your Name Badge)		
Company:		Title:	
Business addre	ss:		
City:	St	rate:	ZIP:
Phone:(_)Ext.:	Fax: (()_
E-mail address:	(Required for confirmation and conference update	<u> </u>	
If you do	on't receive a confirmation e-mail or letter, yo		
	Do you want to stay on the mailing lis	t for this conference?	Yes □ No

Conference Registration & Fees

Refer to Pages 2, 3, and 52 for registration instructions and information. Questions? Call the Conference Section at 503-947-7441 or toll-free 888-292-5247, option 1.

Deadline for pre-registration by mail March 1, 2011

- Pre-registration required for Monday and Thursday workshops. After this date please register by fax or online (until March 4 at 6 p.m.) or on-site, except for pre-conference workshops on Monday.
- · On-site registration begins at 7 a.m. on Tuesday and Wednesday, and at 8 a.m. on Thursday.

Workshop and Session Registration (Check all that apply)

- ☐ Monday (March 7) includes lunch\$100
- Tuesday (March 8) includes lunch\$100
- ☐ Wednesday (March 9)\$100
- ☐ Thursday (March 10) includes lunch......\$100

Special Events

Plassa

Not included with registration fees above

Awards Luncheon (Wednesday).....\$ 20

How many x \$20 = \$

TOTAL FEES

Fed Tax ID # 93-6098153 registered to

American Society of Safety Engineers, Columbia-Willamette Chapter. Not tax deductible as a contribution.

Payment must accompany registration form or online registration.

Make checks and purchase orders payable and mail to:

Oregon Governor's Conference PO Box 1110 Boring, OR 97009-1110

> **− OR − Fax** form with purchase order or credit card information to 503-961-1341.

Charge \$ to my	/:		
☐ MasterCard ☐ VISA ☐ Discover ☐ American	Express		
Credit card #			
Exact name on credit card:			
Exp. date: Signature:			
Office use only			
Date : Amount □ Cash □ Credit card □ Check # □ PO # □ Other			

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Attendee's name



See registration instructions on Page 52. See the "Schedule at a glance" on Pages 8-9 for titles, code numbers, and program descriptions.

Workshop & Session Schedule

Choose first and second choice **EXAMPLE:**

1 2 Class A 1 2 Class B 1 2 Class C

Registration for Tuesday and Wednesday sessions will aid in determining room size only and does **not guarantee a seat**. Confirmed registration for Monday and Thursday guarantees a seat.

Attendee Information How did you learn about this conference? Indicate which industry you represent (Check only one) (Check only one) Newspaper Direct mail Newsletter Agriculture Healthcare **ASSE** Oregon OSHA Management Mfg./Wood products Construction Labor association Web/Internet Food processing/Mfg. Transportation Other Forest activities Utilities Insurance carrier **Foundries** Warehousing Your role in your organization Other Government/ public administration (Check only one) Employee Management **Are you a safety committee member? U** Yes Other Owner Consultant Indicate the number of employees at your worksite: **Special accommodations:** Check if you require special services. Attach a written description of your needs. 20 or less 21 or more

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