

**More CFC information at:
www.oregongosh.com**

Oregon Convention Center – Portland ► Wednesday, March 11, 2015

Driver Name _____

Company _____

Address

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 two teams from a location. Driver changes are allowed prior to check-in. Team score is derived from the three individual scores.

Entry deadline February 6, 2015 – Event limited to 35 drivers

Once registered, you will receive the **Driver Application Packet** via e-mail (beginning January 15, 2015).

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.*

Completed Driver Packet due February 20, 2015

Entry fee is \$75 per person

(lunch and Wednesday sessions 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 11, 2015 begins at 8 a.m. and closes at 8:45 a.m. in Exhibit Hall D at the Oregon Convention Center. All drivers must attend the driver's orientation at 9 a.m. Starting times will be chosen by drawing numbers and assigned to each driver after check-in.

Questions?

Contact Craig Hamelund at **971-673-2875**
or e-mail **Craig.Hamelund@state.or.us**

Charge \$ to my: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name on card: (print) _____

Phone number: ()

Exp. date: _____ Security code _____

3 digits on back of Mastercard or VISA
4 digits on front of American Express

Signature: _____

Credit card#:

Office use only

Date Rec. _____

Amt. Rec.

Check #

Last 4

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