

REGISTRATION FORM

March 4-7, 2013 • Oregon Convention Center • Portland

GOSH
CONFERENCE

Attendee Contact Information

Please print

All parts of the registration form must be completed to process your registration.

Name: _____
(Print Name as you would like it on your Name Badge)

Company: _____ Title: _____

Business address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Ext.: _____ Fax: (_____) _____

E-mail address: _____
(Required for confirmation and conference updates)

If you don't receive a confirmation e-mail or letter, you may not be registered. Call 503-947-7441 to verify.

Do you want to stay on the mailing list for this conference? ☐ Yes ☐ No

Conference Registration & Fees

Refer to Pages 2, 3, and 48 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 February 25, 2013

- Pre-registration required for Monday and Thursday workshops. After this date please register by fax or online (until March 1 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 4) includes lunch.....\$110
- ☐ Tuesday (March 5) includes lunch.....\$110
- ☐ Wednesday (March 6)\$110
- ☐ Thursday (March 7) includes lunch.....\$110
- ☐ OSHA 10-Hour (March 4 and March 7)\$200
- ☐ Awards Luncheon (Wednesday)\$ 15

How many _____ x \$15 = \$ _____

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 _____

See registration instructions on Page 48.
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.

Mon., March 4	Tues., March 5	Wed., March 6	Thurs., March 7
Pre-registration required Seating guaranteed 9 a.m.-noon 1 2 401** 1 2 402** 1 2 403 1 2 404 1 2 405* 1 2 406 1 2 407 1 2 408* 1 2 409* 1 2 410 1 2 411 1 2 412* 1 2 413 1 2 414* * 9 a.m.-4:30 p.m. ** All day Monday and Thursday 1-4:30 p.m. 1 2 451 1 2 452 1 2 453 1 2 454 1 2 455 1 2 456 1 2 457	8:30-10:15 a.m. 1 2 560 <input type="checkbox"/> 500 1 2 561 10:30 a.m.-noon 1 2 562 1 2 563 1 2 564 1 2 565 1 2 566 1 2 567 1 2 568 1 2 569 1 2 570 1 2 571 1 2 572* 1 2 510 3:30-5 p.m. 1 2 573 1 2 574 1 2 575 1 2 576 1 2 577 1 2 578 1 2 579 1 2 581 1 2 582 1 2 583 1 2 584 1 2 585 1 2 586 1 2 587 1 2 588 1 2 589 1 2 590 1 2 591 1 2 592 1 2 559* * 1:30-5 p.m. 1:30-3 p.m. 1 2 551 1 2 552 1 2 553 1 2 554 1 2 555 1 2 556 1 2 557 1 2 558	8:30-10 a.m. 1 2 632 1 2 601 1 2 633 1 2 602 1 2 634 1 2 603 1 2 635 1 2 604 1 2 636 1 2 605 1 2 637 1 2 606 1 2 638 1 2 607 1 2 639 1 2 608 1 2 640 1 2 609* 1 2 641 1 2 610* 1 2 642 1 2 611 1 2 612 1 2 613 1 2 614 1 2 615 1 2 616* 1 2 617 1 2 618 1 2 619 1 2 620 1 2 621 1 2 622 1 2 623* * 8:30-noon 10:30 a.m.-noon 1 2 661 1 2 662 1 2 663 1 2 664 1 2 665 1 2 666 1 2 667 1 2 668 1 2 669 1 2 670 1:30-2:30 p.m. <input type="checkbox"/> Visit Exhibits 2:30-5 p.m. 1 2 651 1 2 652 1 2 653 1 2 654 1 2 655 1 2 656 1 2 657 1 2 658 1 2 659	9 a.m.-noon <input type="checkbox"/> 401** <input type="checkbox"/> 402** 1 2 701* 1 2 702* 1 2 703* 1 2 704* 1 2 705 1 2 706* 1 2 707* 1 2 708 1 2 709* 1 2 710 1 2 711 1 2 712* 1-4:30 p.m. 1 2 751 1 2 752 1 2 753 1 2 754 1 2 755 * 9 a.m.-4:30 p.m. ** All day Monday and Thursday

Attendee Information

How did you learn about this conference? (Check only one)

- ☐ Direct mail ☐ Newspaper ☐ Newsletter
☐ ASSE ☐ Oregon OSHA ☐ Management
☐ Web/Internet ☐ Labor association
☐ Insurance carrier ☐ Other

Your role in your organization (Check only one)

- ☐ Employee ☐ Management
☐ Owner ☐ Consultant ☐ Other

Indicate the number of employees at your worksite:

- ☐ 20 or fewer ☐ 21-50 ☐ 50 or more

Indicate which industry you represent (Check only one)

- ☐ Agriculture ☐ Personal Services
☐ Construction ☐ Product Manufacturing
☐ Education ☐ Retail/Wholesale Sales
☐ Food Processing/Manufacturing ☐ Restaurant/Food Services
☐ Forest Activities/Logging ☐ Transportation
☐ Government/Public Administration ☐ Utilities
☐ Healthcare ☐ Waste Collection and Disposal
☐ Hospitality ☐ Warehousing
☐ Mining ☐ Wood Products Manufacturing
☐ Other

Are you a safety committee member? ☐ Yes ☐ No

Special accommodations: ☐ Check if you require special services. Attach a written description of your needs.