



Registration form

October 15-17, 2019

Ashland Hills Hotel & Suites • Ashland, Oregon

Please print

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

Name: _____ Job title: _____

Company: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Ext.: _____ Alternate phone: _____

E-mail address (required): _____ (Must be unique e-mail address; no duplicate e-mails)

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

Is this the first time you have attended this conference? Yes No

Would you like to receive information about local ASSP meetings and membership? Yes No

Part 1 – Registration fees (mark all that apply)

- Professional Development Workshop (Tuesday) \$130
- First Aid, CPR, AED Certification Course (Tuesday a.m.) \$50
- Flagger Certification for Temporary Traffic Control for Short-Term Work Zones \$75

Conference (Wednesday and Thursday)

- Full conference (Wednesday and Thursday, ASSP member) \$160
Member # _____
- Full conference (Wednesday and Thursday, Non-member) \$175
- One day, Wednesday \$100
- One day, Thursday \$100

Federal Tax ID Number: 93-1127638 **TOTAL ENCLOSED \$** _____

Payment (check or credit card information) must accompany registration form.

Mail check or fax credit card information and registration form(s) to:

ASSP – SOUTHERN OREGON CHAPTER
PO Box 5640
Salem, OR 97304-0640 Fax: 503-947-7019

Questions?

Call the Conference Section at **503-947-7411** or **888-292-5247** (toll-free), option 1.

For Pre-registration, return by October 8, 2019.

After this date, a confirmation letter cannot be guaranteed. Some sessions may close; if you intend to register on-site, call for session availability 503-947-7411.

Charge my: MasterCard VISA American Express Discover

Name on card (print): _____

Phone number: _____ Billing Zip Code: _____

Exp. date: _____ Security code: _____

Signature: _____

Office use only

Date Rec. _____

Amt. Rec. _____

Check # _____

PO # _____

Last 4 _____

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

(Continued on other side)

Credit Card #:

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

Registrant's name: _____

Attendee profile: (check one) Employee Management Owner Consultant Other/not listed: _____

Are you a safety committee member? Yes No

Please indicate the number of employees at your worksite: 20 employees or fewer 21 to 50 employees 51 or more employees

Indicate which industry you represent: (check one)

- Agriculture Government/Public Utilities
 Construction Administration Warehousing
 Food Processing/ Healthcare Wood Product
Manufacturing Human Services Manufacturing
 Forest Activities/ Manufacturing Other/not listed:
Logging Transportation _____

How did you learn about the conference? (check all that apply)

- ASSP Southern Industry association
Oregon Chapter Insurance carrier
 Oregon OSHA Labor association
 SHRM Management/employer
 Direct mail flyer/program Public service announcement
 Co-worker Other/not listed: _____

Part 2 – Session Selection (Choose only one first and one second choice for each time period.)

For each time period, circle the ① next to the session you would most like to attend.
Also circle the ② next to the session that is your second choice for that time period.

Example:

①	2	Example class A
1	②	Example class B
1	2	Example class C

Tuesday, October 15

8:30 a.m.-4:30 p.m.

- Professional Development Workshop (additional fee)

7-11:30 a.m.

- First Aid, CPR, AED Certification Course (additional fee)

12:30-4:30 p.m.

- Flagger Certification of Temporary Traffic Control for Short-Term Work Zones (additional fee)

Wednesday, October 16

8-9:45 a.m.

Welcome and Keynote

- Yes, I will attend the Welcome and Keynote: Safety on the Brain

10:30 a.m.-noon

SESSION 1

- 1 2 Safety Committee Operations
1 2 Cannabis Regulation in Oregon
1 2 Pre-Task Planning: What They Are and How They Help
1 2 The Dirty Dozen: Hazard Recognition of Chemical Exposures
1 2 Occupational Ultraviolet Radiation Exposure and Control

1:15-2:45 p.m.

SESSION 2

- 1 2 Hazard Identification
1 2 Navigating Medical Leave, Workers' Comp, and Disability Accommodation
1 2 Crystalline Silica and Other Construction Health and Safety Challenges
1 2 Safe Patient Handling and Mobility and Patient Safety: Making the Connection
1 2 Exploring Risk Assessment

3:30-5 p.m.

SESSION 3

- 1 2 Accident Investigation for Safety Committees
1 2 Preventing Violence in Health Care: What Do We Know So Far?
1 2 Excavation Safety: 50,000-foot View
1 2 Improve Your Safety and Health Programs by Adding an Industrial Hygienist to the Mix

5-6:30 p.m.

- Yes, I will attend the Networking Event (no cost; limited seating – capacity 60)

Thursday, October 17

8-9:45 a.m.

General Session

- Yes, I will attend the General Session and Awards Presentation

10:30 a.m.-noon

SESSION 4

- 1 2 Total Worker Health® Solutions for Chronic Pain
1 2 Dimensions of a Highly Functional Safety Committee
1 2 It Comes Down to Fairness: Understanding and Preventing Retaliation Claims
1 2 Confined Space: Elements of an Effective Program
1 2 Occupational Health in Agriculture

1-2:30 p.m.

SESSION 5

- 1 2 The Hazard Risk Assessment Process
1 2 Reasonable Suspicion...Now What?
1 2 Fall Protection Awareness Training
1 2 Got Respirators?
1 2 Tips for More Effective Safety Training

2:50-4:20 p.m.

SESSION 6

- 1 2 "A Way" of Investigating - An Open Mind Is a Terrible Thing to Close
1 2 The Challenges and Best Practices of Using a Temporary Workforce – Panel
1 2 Safety Behind the Wheel: How to Avoid Distraction, Fatigue, and Other Hazards of the Roadways
1 2 Total Worker Health®: Workplace Solutions
1 2 Electrical Safety

Special accommodations:

- Check if you require special services. Provide a written description of your needs.