

SafetyFest 2014 Registration Form

Please print or type. Complete this form and fax to +1.847.768.3434 or mail with full payment to ASSE, 33477 Treasury Center, Chicago, IL USA 60694-3400. Register on or before 5/15/2014 and save!

STEP 1 CONTACT INFORMATION

ASSE Member # _____ AIHA/AHMP Member # _____ CSSE Member # _____ Non-Member

Designations (Maximum 2) ARM ASP CHST CSP CIH CHMM OHST P.E. CFPS COHN COHN-S

Please fill out the following information as you want it to appear on your badge and registration confirmation.

Full Name _____ First Name on Badge _____

Title _____ Organization _____

Mailing Address: Home Business _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Phone _____ Fax _____ Email _____

Are you on Facebook LinkedIn Twitter

STEP 2 REGISTRATION

Please check the box and if multiple seminars are listed circle the seminar numbers you wish to attend.

	Regular Rate Postmarked 4/1/14-5/15/14	Late Rate 5/16/14 - On site	Amount Due
JUNE 5-8 SEMINARS			
<input type="checkbox"/> One-Day – June 5, 7, or 8 111 309 310 311 312 313 314 315 316 317 318 319 407 408 409 410 411 412 413 414 415 416 417 418 419	Member \$365 Non-member \$415	Member \$385 Non-member \$430	\$
<input type="checkbox"/> Two-Day – June 5-6 or 7-8 122 322 323 324 325 326 327 328	Member \$625 Non-member \$675	Member \$650 Non-member \$700	\$
<input type="checkbox"/> Three-Day – June 6-8 231 232 233 234 235	Member \$710 Non-member \$760	Member \$735 Non-member \$785	\$
<input type="checkbox"/> June 5-6 121 Reducing Losses from Occupational Health Risks and Environmental Exposures	Member \$675 Non-member \$725	Member \$725 Non-member \$775	\$
<input type="checkbox"/> June 7-8 321 Delivering a High-Performance Safety Management System	Member \$675 Non-member \$725	Member \$725 Non-member \$775	\$

Subtotal for Step 2 \$ _____

STEP 3 REGISTRATION

JUNE 11-14 SEMINARS

<input type="checkbox"/> Half-Day – June 11 (2:00PM-6:00PM) 801 Math Review	Member \$210 Non-member \$260	Member \$235 Non-member \$285	\$
<input type="checkbox"/> One-Day – June 12 or 13 808 809 810 811 812 813 814 815 816 817 818 819 910 911 912 913 914 915	Member \$365 Non-member \$415	Member \$385 Non-member \$430	\$
<input type="checkbox"/> Two-Day – June 12-13 821 822 823	Member \$625 Non-member \$675	Member \$650 Non-member \$700	\$
<input type="checkbox"/> Three-Day – June 12-14 831 832 833	Member \$710 Non-member \$760	Member \$735 Non-member \$785	\$
<input type="checkbox"/> June 12-14 834 Managing the Business Aspects of Safety	Member \$775 Non-member \$825	Member \$825 Non-member \$875	\$

Subtotal for Step 3 \$ _____

AIHA/AHMP Members are eligible for a \$30 discount off the non-member rate \$ (_____)
No more than one discount applies.

STEP 4 METHOD OF PAYMENT – Full Payment required with registration.

Visa MasterCard American Express Discover Check # (payable to ASSE, in U.S. Funds on U.S. Bank) _____

Card Number _____ Exp. Date _____

Signature of Cardholder _____

Cardholder's name (please print) _____

Grand Total (Steps 1, 2, 3) \$ _____

999 Check here if you require physically challenged services or have specific dietary restrictions/allergies. You must attach a written description of your needs.