

2009 DELEGATE REGISTRATION FORM

DELEGATE INFORMATION

LAST NAME:	FIRST NAME:	May we release your contact information to our Exhibitors? YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPANY:		TITLE:
ADDRESS:	CITY, PROVINCE	POSTAL CODE:
PHONE:	FAX:	EMAIL ADDRESS:

CONFERENCE DETAILS

Full Conference Registration (Oct 26, 27 & 28)	Cost \$ 525.00	\$
Early Bird Registration	Cost \$ 455.00 (pmt must be rec'd by Sep 11th)	\$
One-Day Registration (please circle day: MON TUE WED)	Cost \$ 250.00	\$
Trade Fair Only	Cost \$ 25.00	\$
Sponsor Company or Company Bonus - 6 th Registrant (other 5 delegates must register at the same time)		No Charge
WELCOME RECEPTION – Mon, Oct 26th 5:15 to 7:00 pm		
Registrants receive one complimentary ticket		I will attend: YES <input type="checkbox"/> NO <input type="checkbox"/>
I would like _____ additional tickets	Cost \$ 20.00	\$
C-Train pass (valid for unlimited use October 26 to 28)	Cost \$ 15.00 YES <input type="checkbox"/> NO <input type="checkbox"/>	\$

PROFESSIONAL DEVELOPMENT COURSES (circle any that you wish to attend)

PDC-01	Accident Investigation	Oct 25	8:30 am – 4:30 pm	\$ 250.00	\$
PDC-02	The Art of Safety	Oct 24 Oct 25	8:30 am – 4:30 pm 8:30 am – 4:30 pm	CSSE Members \$ 425.00 Non-Members \$ 500.00	\$
PDC-03	Health & Safety Considerations for Working in Cold Environments	Oct 29	8:00 am – 5:00 pm	* See pricing on page 18	\$
PDC-04	CRSP Examination Preparation Workshop	Oct 29 Oct 30	8:00 am – 5:00 pm 8:00 am – 5:00 pm	Until Oct 9th \$ 699.00 After Oct 9th \$ 749.00	\$
PDC-05	Chemical Hazard Assessment: A "How To" Course	Oct 25	8:30 am – 4:30 pm	\$ 250.00	\$
PDC-06	Loss Prevention and Control for Executives	Oct 26 Oct 27	8:30 am – 4:30 pm 8:30 am – 4:30 pm	\$ 1,495.00 (limit of 30 registrants – confirmation will follow registration)	\$

SESSION CHOICES (circle one session per time slot)

Monday, October 26th	
8:30 – 11:00 am OHS Session	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
1:00 – 2:30 pm	
Opening Keynote	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
2:45 pm – 3:45 pm	4:15 pm – 5:15 pm
Session 103 104 105 106	Session 107 108 109 110
Tuesday, October 27th	
8:30 am to 10:00 am Blockbuster Session 201 202	
10:30 am – 11:30 am	1:00 pm – 2:30 pm Keynote Panel
Session 203 204 205 206	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
3:15 pm – 4:15 pm	
Session 208 209 210 211	
Wednesday, October 28th	
8:30 am to 10:00 am Blockbuster Session 301 302	
10:30 am – 11:30 am	11:45 am – 12:45 pm
Session 303 304 305 306 307	Session 308 309 310 311 312
1:30 – 3:30 pm	
Closing Ceremonies I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>	

Subtotal	\$
GST @ 5%	\$
874585 3419 RT0001	\$
TOTAL DUE	\$

PAYMENT METHOD (please check one)

CHEQUE Payable to HSCSA <input type="checkbox"/>	Please forward form & payment to Box 38009, Calgary, AB T3K 5G9
VISA <input type="checkbox"/>	Complete credit card information below.
MASTERCARD <input type="checkbox"/>	
CREDIT CARD NUMBER: _____	
EXPIRY DATE _____	
SIGNATURE OF CARDHOLDER _____	
<input type="checkbox"/> I would prefer to be contacted for my credit card information	

DON'T FORGET TO COMPLETE THE DELEGATE QUESTIONNAIRE AND INCLUDE IT WITH THIS FORM
THANK YOU FOR YOUR REGISTRATION
Fax completed form to (403) 206-7099

DELEGATE REGISTRATION QUESTIONNAIRE

In order to better serve your future conference needs, we would appreciate your completion of this questionnaire—please return it with your completed registration form.

<p>PROFESSIONAL GROUP</p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Educator</p> <p><input type="checkbox"/> Emergency Medical Services</p> <p><input type="checkbox"/> Engineer</p> <p><input type="checkbox"/> Environmentalist</p> <p><input type="checkbox"/> Ergonomics</p> <p><input type="checkbox"/> Fire Department</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Occupational Hygienist</p> <p><input type="checkbox"/> Occupational Health Nurse</p> <p><input type="checkbox"/> Occupational Safety</p> <p><input type="checkbox"/> Police / Security</p> <p><input type="checkbox"/> Risk Management</p> <p>If Other, name in full _____</p>	<p>JOB TITLE</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Business Owner</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Management (Middle)</p> <p><input type="checkbox"/> Management (Senior)</p> <p><input type="checkbox"/> Supervisor / Foreman</p> <p><input type="checkbox"/> Worker</p> <p>Other: _____</p> <p>YEARS EXPERIENCE IN FIELD</p> <p><input type="checkbox"/> 1 to 3</p> <p><input type="checkbox"/> 4 to 9</p> <p><input type="checkbox"/> 10 to 19</p> <p><input type="checkbox"/> 20 or more</p>	<p>INDUSTRY EMPLOYED</p> <p><input type="checkbox"/> Agriculture</p> <p><input type="checkbox"/> Communications</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Emergency Medical Service</p> <p><input type="checkbox"/> Fire Prevention</p> <p><input type="checkbox"/> Forestry</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Health Services</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Legal Services</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Mining</p> <p><input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Oil & Gas / Petroleum</p> <p><input type="checkbox"/> Public Utilities</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Sales</p> <p><input type="checkbox"/> Security</p> <p><input type="checkbox"/> Social Services</p> <p><input type="checkbox"/> Transportation</p> <p>Other, please name _____</p>
<p>CERTIFICATION HELD</p> <p><input type="checkbox"/> CRSP or CSP</p> <p><input type="checkbox"/> CHSC</p> <p><input type="checkbox"/> CRM or ARM</p> <p><input type="checkbox"/> CIM</p> <p><input type="checkbox"/> CHMM</p> <p><input type="checkbox"/> CPEA</p> <p><input type="checkbox"/> CFPS</p> <p>Other, please name _____</p>	<p>PURCHASING ROLE</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>PROFESSIONAL SOCIETY MEMBER</p> <p><input type="checkbox"/> ACE</p> <p><input type="checkbox"/> AIHA</p> <p><input type="checkbox"/> ASSE</p> <p><input type="checkbox"/> CSSE</p> <p>Other, please name _____</p>	
<p>UNION MEMBER</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>		<p>SAFETY COMMITTEE MEMBER</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

SUBMITTED BY:
 Name: _____
 Email: _____

Delegates completing this survey will be entered into a draw for 1 full conference registration for our 2010 conference.