

Enroll in CareWorksComp's Two-Hour Safety Training for Private Employers

CareWorksComp is pleased to offer Two-Hour Safety Training to meet BWC's two-hour safety requirement for group rated and group retrospective rated employers. Companies have two sessions, 9:00 am - 11:00 am or 1:00 pm - 3:00 pm, to choose from on the dates and locations below. **You are receiving this notice because the BWC has indicated you must complete two hours of safety training by June 30, 2019.**

Enrollment

- There is a \$40 fee per person to attend and the enrollment deadline is the Friday before the training. Cancellations or no-shows will not be eligible for a refund.
- Certificates of Attendance will be available after the training.
- Acknowledgement will be sent once your registration is processed.

Locations

October 17, 2018
Robertson Heating Company
2155 W. Main Street
Alliance, Ohio 44601

December 6, 2018
BMI Federal Credit Union
6165 Emerald Parkway
Dublin, Ohio 43016

Additional training will be available the first half of 2019 (TBD).

To register, please mail, fax or email the following information to Dana Carmichael.
Phone: (614) 956-2304 | Fax: (614) 495-5208 | Email: dana.carmichael@careworkscorp.com
Mail: Attn: Dana Carmichael, 5500 Glendon Court, Dublin, OH 43016
*Checks should be made payable to CareWorksComp. Limited seating available.
Registration begins 30 minutes before each session.*

Attendee(s): _____

Company Name: _____ Email: _____

Address: _____ City, State Zip: _____

BWC Policy Number: _____ Phone Number: _____

Fax: _____

Date of training attending: _____

Time: 9:00 a.m. 1:00 p.m.

You may pay your CareWorksComp Two-Hour Training fee by check or by completing the credit card portion of this form. We accept most major credit cards.

Payment Information	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check Enclosed	
Credit Card Number _____	
Print Name as it Appears on Credit Card _____	
Address as it appears on your Credit Card Bill, if different from above _____	
Expiration Date _____	Amount to be paid _____
Authorized Signature _____	