

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



Registrant's name: _____

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

- | | |
|--|--|
| <input type="checkbox"/> ASSP Cascade Chapter | <input type="checkbox"/> Labor association |
| <input type="checkbox"/> Oregon OSHA | <input type="checkbox"/> LCHRA |
| <input type="checkbox"/> Direct mail flyer/program | <input type="checkbox"/> Management/employer |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Industry association | <input type="checkbox"/> Public service announcement |
| <input type="checkbox"/> Insurance carrier | <input type="checkbox"/> Other/not listed: _____ |

Indicate which industry you represent: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Human resources |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Food processing/manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Forest activities/logging | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Government/public administration | <input type="checkbox"/> Wood products manufacturing |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other/not listed: _____ |

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:

- ☐ 1 to 20 employees
☐ 21 to 50 employees
☐ 51 or more employees

Part 2

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

(Choose **only one** first and **one** second choice for each time period.)

Tuesday, March 3

10 a.m.-noon

- ☐ Yes, I will attend the Welcome and Keynote: Safe 4 the Right Reasons

1-2:30 p.m.

- | | | |
|---|---|---|
| 1 | 2 | I'm on the Safety Committee, Now What? |
| 1 | 2 | Legal Updates: Recent Changes to Employment Laws |
| 1 | 2 | Oregon's Best Kept Secret: Unlocking the Employer-at-Injury and Preferred Worker Programs |
| 1 | 2 | Tactics for Dealing with Difficult People |
| 1 | 2 | Keys to a Successful Safety Culture |

3:15-4:30 p.m.

- | | | |
|---|---|---|
| 1 | 2 | How to Handle a SIF (Serious Injury or Fatality) |
| 1 | 2 | Delegation for Managers: Learning to Let Go Without Giving Up |
| 1 | 2 | Behavioral-Based Safety and Building a Safety Culture |
| 1 | 2 | Make the Unseen, Seen: Managing Psychosocial Risks at Work |
| 1 | 2 | Fall Protection: Formal Equipment Inspections |

Wednesday, March 4

8:30-9:45 a.m.

- | | | |
|---|---|--|
| 1 | 2 | Is It Getting Hot In Here? Oregon OSHA's Heat Stress Rule Requirements |
| 1 | 2 | Respectful Workplaces |
| 1 | 2 | Ensuring Employees Go Home Healthy: OPRD's I C.A.R.E Program |
| 1 | 2 | Managing Incidents While Mitigating Claims and Empowering Employees |
| 1 | 2 | Is That Confined Space Permit Required? Yes or No? |

10:45 a.m.-noon

- | | | |
|---|---|--|
| 1 | 2 | Foundation of Trust |
| 1 | 2 | General First Aid/CPR/AED |
| 1 | 2 | From "Oops" to "Aha!": Making Accident Analysis Work for You |
| 1 | 2 | Employee Mental Health: Reasonable Accommodations and Accountability |
| 1 | 2 | ErgoFLEX Body Mechanics and Safe Lifting Fundamentals |

1:15-3:30 p.m.

- | | | |
|---|---|--|
| 1 | 2 | Basic Electrical Hazards - Taking the Mystery Out of Electrical Energy |
| 1 | 2 | Conflict to Collaboration: Building Psychological Safety for High-Performing Teams |
| 1 | 2 | What to Expect from an Oregon OSHA Inspection |
| 1 | 2 | Behavioral Health Emergency and Disaster Management |
| 1 | 2 | I See Hurt People: The Sixth Sense of Hazard Awareness and Mitigation |

Special accommodations

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