



Registration form

September 19 & 20, 2022
Riverhouse on the Deschutes • Bend, Oregon

Please print

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

Name: _____

Job title: _____

Company: _____

Business address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Ext.: _____ Alternate phone: _____

Email address (required): _____ (Must be unique email address; no duplicate emails)

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

Part 1 – Registration fees	
<p>General attendance (check all that apply)</p> <p><input type="checkbox"/> Monday PM and Tuesday Conference (Sept. 19 & 20) \$210</p> <p><input type="checkbox"/> One day Monday (Sept. 19) \$90</p> <p><input type="checkbox"/> One day Tuesday (Sept. 20) \$120</p> <p style="text-align: right;">TOTAL ENCLOSED \$ _____</p>	<p>Payment (check, credit card information, or purchase order) must accompany registration form.</p> <p>Mail check or fax credit card information or purchase order to:</p> <p>COSHA Central Oregon Conference PO Box 5640 Salem, OR 97304-0640 Fax 503-947-7019</p>

COSHA Tax ID Number: 93-1234637

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

For Pre-registration, return by September 12, 2022.

After this date, a confirmation letter cannot be guaranteed.
Some sessions may close; call for session availability, 503-947-7411.

Charge my: MasterCard VISA American Express Discover

Name on card (print): _____

Billing address: _____ **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 #:

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)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Food Processing/Manufacturing | <input type="checkbox"/> Mining | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Brewery/Distillery/Winery | <input type="checkbox"/> Forest Activities/Logging | <input type="checkbox"/> Oil/Gas | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Government/Public Administration | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Waste Collection and Disposal |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Care | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Lodging Services | <input type="checkbox"/> Retail/Wholesale Sales | <input type="checkbox"/> Wood Product Manufacturing |
| <input type="checkbox"/> Fire/Emergency Services | <input type="checkbox"/> Restaurant/Food Services | <input type="checkbox"/> Other/not listed: _____ | |

Part 2 - 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 |

Special accommodations:

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

Monday, September 19

11:15 a.m.-1:15 p.m.

- Yes, I will attend Lunch (provided until noon), Opening, and Keynote: Life and Leadership Lessons from the Popcorn Bucket (12:15-1:15 p.m.)

1:45-3:15 p.m. SESSION 1

- 1 2 Tips for More Effective Safety Training
- 1 2 Communicating Safety to Management
- 1 2 I'm on the Safety Committee, Now What?
- 1 2 Oregon OSHA Regulatory Update
- 1 2 Fall Protection - How to Start, Keep Going, or Improve!
- 1 2 The Three C's of a Great Team

4-5:30 p.m. SESSION 2

- 1 2 Preventing Serious Injuries and Fatalities in the Workplace
- 1 2 Stress First Aid
- 1 2 Lockout/Tagout and Machine Safeguarding
- 1 2 Bloodborne Pathogens
- 1 2 Effective Quarterly Safety Inspections
- 1 2 Improving Your Safety Culture Through Safety and Health Management

Tuesday, September 20

7:30-8:30 a.m.

- Yes, I will attend the Breakfast and Visit Exhibits

8:30-10 a.m. SESSION 3

- 1 2 Hazard Identification
- 1 2 Understaffed and Working in Complete Chaos
- 1 2 SAIF's Ansbro Safety Culture Spectrum
- 1 2 Confined Spaces: Do You Have Them? If so, Now What?
- 1 2 Pre-/de-escalation: Improving Distressing Interactions
- 1 2 Psychological Resiliency to Critical Incidents and Chronic Stressors

10:45 a.m.-12:15 p.m. SESSION 4

- 1 2 Accident Investigation for Safety Committees
- 1 2 Substance Abuse Awareness in the Workplace and Dangerous Drug Recognition
- 1 2 Welding Health and Safety
- 1 2 Intro to Personal Preparedness and Business Resiliency Planning
- 1 2 Recordable, Reportable, or Both? and Preferred Worker Program/Employer-at-Injury Program
- 1 2 Natural Gas Emergencies

1:15-4 p.m. SESSION 5

- 1 2 Safety Committee: Time to Level Up!
- 1 2 Safety and the Supervisor
- 1 2 Respiratory Protection Program Management and Requirements
- 1 2 Distracted Driving Prevention - Brain Engaged vs. Cognitive Distraction
- 1 2 Compassion Fatigue: Work, Productivity, Life, and Health
- 1 2 Sustained Employee Involvement: Keeping the Momentum Going