

Enroll in CareWorksComp's Two-Hour Safety Training

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, 2018.

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 eliqible for a refund.
- Certificates of Attendance will be available after the training.
- Acknowledgement will be sent once your registration is processed.

Locations

October 18, 2017 Robertson Heating Company 2155 W. Main Street Alliance. OH 44601 December 5, 2017 BMI Federal Credit Union 6165 Emerald Parkway Dublin. Ohio 43016

Additional training will be available the first half of 2018 (TBD).

Registration for Private Employers

To register, please mail, fax or email the following information to Dana Carmichael. Phone: (614) 956-2304
Fax: (614) 495-5208 Email: dana.carmichael@careworkscomp.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:	
BWC Policy Number:	Phone Number:
Date of seminar attending:	Payment Infor
Time: 9:00 am 1:00 pm	
Fax:	(MasslerCard) DISCOVER

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.

For additional training options, visit our website at www.careworkscomp.com and click on Training!

Payment Information		
(MasleyCard) DISC®VER	VISA 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		