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 you must enroll by 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

March 13, 2018
Holiday Inn Express
2150 E. Wooster Street
Bowling Green, OH 43402

June 5, 2018
BMI Federal Credit Union
6165 Emerald Parkway
Dublin, Ohio 43016

Additionally, we will have our workers' compensation and safety seminars at locations across Ohio in the Spring.

Registration for Private Employers

To register, please mail, fax or email the following information to Dana Carmichael. 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: _____ City, State Zip: _____

BWC Policy Number: _____ Phone Number: _____

Date of seminar attending: _____

Time: _____ 9:00 am _____ 1:00 pm

Fax: _____

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, please visit our website at www.careworkscomp.com and click on Training!

Payment Information

[ ] MasterCard [ ] DISCOVER [ ] AMERICAN EXPRESS [ ] 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
_____