



## SAFETY COURSE REGISTRATION FORM

Company: \_\_\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*PLEASE ENROLL THE FOLLOWING EMPLOYEES:*

Name	Class	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGISTRATION FEE FOR EACH CLASS PER PERSON:

OSHA 10-Hour Construction Outreach - ***\$50 member/\$100 nonmember***

OSHA 30-Hour Construction Outreach - ***\$150 member/\$300 nonmember***

Fall Protection, Trenching,

Scaffolds, Aerial or Fork Lift - ***\$25 member/\$50 nonmember***

Please complete and return with check by mail to:

**The Construction Exchange of Buffalo & WNY  
2660 William St.  
Cheektowaga, NY 14227**