

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 eligible 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: _____ 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, visit our
website at www.careworkscomp.com
and click on Training!

Payment Information


 
 
 
 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 _____