

Enroll in CareWorksComp's Two-Hour Safety Training for Private Employers

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, 2019.**

Enrollment Details

- Cost: \$40 per registrant
- Enrollment closes 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

Dates & Locations

March 13, 2019
Holiday Inn Express
2150 E. Wooster Street
Bowling Green, OH 43402

June 18, 2019
BMI Federal Credit Union
6165 Emerald Parkway
Dublin, OH 43016

Additionally, we will offer our annual seminars across Ohio in spring 2019.

Limited seating available. Registration begins 30 minutes before each session.

To register, please mail, fax or email the following information to Dana Carmichael.
Phone: (614) 956-2304 | Fax: (614) 495-5208 | Email: dana.carmichael@careworkscorp.com
Mail: Attn: Dana Carmichael, 5500 Glendon Court, Dublin, OH 43016
Checks should be made payable to CareWorksComp.

Attendee(s): _____

Company Name: _____ Email: _____

Address: _____ City, State Zip: _____





BWC Policy Number: _____ Phone Number: _____

Fax: _____

Date of training attending: _____

Session: 9:00 a.m. 1:00 p.m.

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.

Payment Information	
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/>	<input type="checkbox"/> 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	