

FLORIDA LEAGUE OF CITIES, INC.

ADMINISTRATORS OF THE FLORIDA MUNICIPAL INSURANCE TRUST

PRESENTS THE



CONFINED SPACE COURSE

WEDNESDAY, APRIL 13, 2011

8:00 A.M. TO 12:00 P.M.

REGISTER TODAY!

THIS COURSE WILL BE HELD AT THE OFFICES OF THE:

FLORIDA LEAGUE OF CITIES, INC.
125 EAST COLONIAL DRIVE ☐ ORLANDO, FL 32801

COURSE OBJECTIVE:

⇒ THIS INTERACTIVE SESSION PROVIDES PARTICIPANTS WITH THE KNOWLEDGE AND TOOLS THEY NEED TO SAFELY WORK IN OR AROUND CONFINED SPACES.

TOPICS COVERED INCLUDE:

- | | |
|---|-----------------------------------|
| ⇒ Introduction to and Definitions of OSHA
CFR 1910.146 | ⇒ Hazard Control Measures |
| ⇒ Personnel Responsibilities | ⇒ Ventilation Procedures |
| ⇒ Atmospheric Hazards and Testing | ⇒ Entry Procedures/ Permit System |
| ⇒ Other/ Physical Hazards | ⇒ Emergency Procedures |
| | ⇒ Non-Entry Rescue Techniques |

To REGISTER, CONTACT:

ANITA WICK, FLORIDA LEAGUE OF CITIES, 125 EAST COLONIAL DRIVE, ORLANDO, FL 32801

E-MAIL: AWICK@FLCITIES.COM OR TOLL-FREE PHONE: 1-800-445-6248, EXTENSION 1734

FMIT MEMBER: \$10.00 PER PERSON

FMASH MEMBER: \$20.00 PER PERSON

ALL OTHERS: \$70.00 PER PERSON

PLEASE MAKE CHECKS PAYABLE TO: FLORIDA LEAGUE OF CITIES, INC.— CREDIT CARD PAYMENT INFO ATTACHED

COURSE INSTRUCTOR:

TREVOR RESCHNY, CSP, MS, MBA
SAFETY LINKS, INC., P. O. BOX 933
GOtha, FL 34734





REGISTRATION AND PAYMENT INFORMATION

PLEASE COMPLETE AND FORWARD WITH CHECK OR CREDIT CARD PAYMENT TO:

FLORIDA LEAGUE OF CITIES, INC., c/o ANITA WICK, ADMINISTRATIVE ASSISTANT, P.O. BOX 538135, ORLANDO, FL 32853-8135, EMAIL: AWick@FLCITIES.COM, FAX: 407-425-9378

NAME OF PUBLIC ENTITY			
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON			
EMAIL ADDRESS OF CONTACT PERSON			
PHONE			
CONFINED SPACE COURSE WEDNESDAY, APRIL 13, 2011 FROM 8:00 A.M. TO NOON—125 E. COLONIAL DR., ORL, FL 32801			
PLEASE LIST NAME(S) OF PERSON(S) ATTENDING			
PLEASE COMPLETE THE FOLLOWING, IF PAYING BY CREDIT CARD: AMOUNT TO BE CHARGED TO CREDIT CARD: \$ _____			

CREDIT CARD PAYMENTS: CIRCLE ONE: **VISA** **MASTERCARD**

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** _____

FOUR DIGIT SECURITY CODE (LISTED ON BACK OF CARD) _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

COMPLETE BILLING ADDRESS: _____

CARDHOLDER SIGNATURE: _____

NOTE: THE CHARGE ON YOUR CREDIT CARD STATEMENT WILL READ: FLORIDA LEAGUE OF CITIES

THIS FORM, IS INTENDED FOR WORK PREPARATION PURPOSES ONLY. NO LEGAL DEFINITE PROMISE. IF YOU ARE PROVIDING US WITH YOUR E-MAIL ADDRESS: UNDER FLORIDA LAW, E-MAIL ADDRESSES ARE PUBLIC RECORDS. IF YOU DO NOT WANT YOUR E-MAIL ADDRESS RELEASED IN RESPONSE TO A PUBLIC-RECORDS REQUEST, DO NOT SEND ELECTRONIC MAIL TO THIS ENTITY. INSTEAD, CONTACT US BY PHONE OR IN WRITING. ANY FORM OF REPRODUCTION, DISSEMINATION, COPYING, DISCLOSURE, MODIFICATION, DISTRIBUTION AND/OR PUBLICATION OF THIS FORM IS STRICTLY PROHIBITED.