

# FLORIDA LEAGUE OF CITIES, INC.



ADMINISTRATORS OF THE FLORIDA MUNICIPAL INSURANCE TRUST

## OSHA 10-Hr. General Industry Course

**June 15, 2010** from 8:00 a.m. to 1:00 p.m.\*  
and

**June 22, 2010** from 8:00 a.m. to 1:00 p.m.\*  
at the

**MASCOTTE CIVIC CENTER**  
**121 NORTH SUNSET AVE - MASCOTTE, FL 34753**

\* Attendance is Mandatory Both Days

**FMIT Member or FMIT member and FMASH member: \$5.00 per person**  
**FMASH Member: \$10.00 per person \* ALL OTHERS: \$60.00 per person**

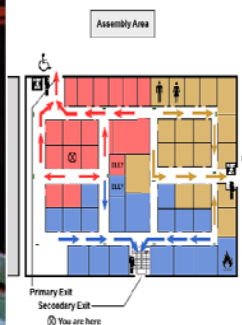
Please make checks payable to: **Florida League of Cities, Inc. — Credit Card Payment Info Attached— Sorry, No Cash Payments**  
E-mail: [AWick@flcities.com](mailto:AWick@flcities.com) - Fax: 407-425-9378  
Mail: Florida League of Cities, Inc., 125 East Colonial Drive, Orlando, FL 32801, Attention: Anita Wick

**Register Today by e-mail or phone!**

**Anita Wick, RMPE, Administrative Assistant, Florida League of Cities**  
E-Mail: [AWick@flcities.com](mailto:AWick@flcities.com) or Toll-Free Phone: 1-800-445-6248, Extension 1734

Topics Covered In  
This Class Include:

- ⇒ Introduction to OSHA
- ⇒ Walking & Working Surfaces
- ⇒ Exit Routes, Emergency Action Plans, Fire Prevention Plan & Fire Protection
- ⇒ Electrical
- ⇒ Flammable & Combustible Liquids
- ⇒ Personal Protective Equipment
- ⇒ Machine Guarding
- ⇒ Hazard Communication
- ⇒ Bloodborne Pathogens
- ⇒ Safety & Health Programs



**All participants completing the ten hours of instruction will receive their individual OSHA 10-Hour Certification Card and a Florida League of Cities completion Certificate.**

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**FMASH Member: \$10.00 per person \* ALL OTHERS: \$60.00 per person**

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**Sorry, Cash Payments cannot be accepted.**

E-mail: [AWick@flicities.com](mailto:AWick@flicities.com) \* Fax: 407-425-9378

## Mascotte Civic Center 121 North Sunset Ave - Mascotte, FL 34753





# REGISTRATION AND CREDIT CARD 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](mailto:AWick@flcities.com), Fax: 407-425-9378**

|  |  |      |                |
|--|--|------|----------------|
| NAME OF PUBLIC ENTITY  |  |      |                |
| ADDRESS  |  | CITY | STATE ZIP CODE |
| CONTACT PERSON   |  |      |                |
| EMAIL ADDRESS OF CONTACT PERSON  |  |      |                |
| PHONE  |  |      |                |
| OSHA 10-HR JUNE 15, 2010 AND JUNE 22, 2010<br>Mascotte Civic Center , 121 North Sunset Ave - Mascotte, FL 34753                |  |      |                |
| PLEASE LIST NAME(S) OF PERSON(S) ATTENDING   |  |      |                |
|  |  |      |                |
|  |  |      |                |
|  |  |      |                |
| Please complete remainder of form below <u>only if paying by credit card</u> :<br>Amount to be charged to credit card \$ _____ |  |      |                |

**Credit Card Payments:** Circle One:            **VISA**            **MASTERCARD**

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**Four Digit Security Code** (listed on back of card) \_\_\_\_\_

**Name As It Appears on the Credit Card:** \_\_\_\_\_

**Complete Billing Address:** \_\_\_\_\_

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**Cardholder Signature:** \_\_\_\_\_

Note: The charge on your credit card statement will read: Florida League of Cities

This Membership Application 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.