

FLORIDA LEAGUE OF CITIES, INC.



ADMINISTRATORS OF THE FLORIDA MUNICIPAL INSURANCE TRUST

OSHA 10-HR. OUTREACH TRAINING COURSE/CONSTRUCTION

AUGUST 10, 2010 FROM 8:00 A.M. TO 1:00 P.M.*

AND

AUGUST 11, 2010 FROM 8:00 A.M. TO 1:00 P.M.*

AT

**NORTH WEST FLORIDA WATER MANAGEMENT DISTRICT
800 HOSPITAL DRIVE—CRESTVIEW, FL 32539**

* 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 - FAX: 407-425-9378

Register Today by e-mail or phone!

Anita Wick, RMPE, Administrative Assistant, Florida League of Cities

E-Mail: AWick@flcities.com or Toll-Free Phone: 1-800-445-6248, Extension 1734

Topics Covered In
This Class Include:

- ⇒ Introduction to OSHA
- ⇒ Electrical
- ⇒ Fall Protection
- ⇒ Personal Protective Equipment
- ⇒ Material Handling
- ⇒ Tools: Hand and Power
- ⇒ Scaffolds
- ⇒ Cranes
- ⇒ Excavations
- ⇒ Stairways and Ladders



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.

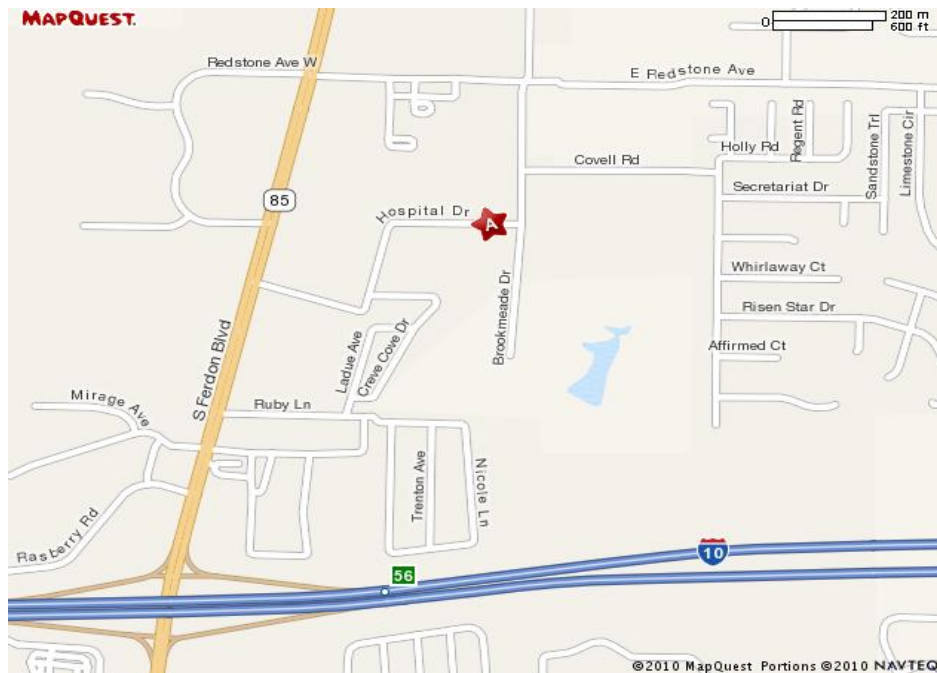
FMIT Member or FMIT member and FMASH member: \$5.00 per person
FMASH Member: \$10.00 per person * ALL OTHERS: \$60.00 per person

Please make checks payable to: Florida League of Cities, Inc. — Credit Card Payment Info Attached
Sorry, cash payments cannot be accepted.

E-mail: AWick@flcities.com * Fax: 407-425-9378

Mail: Florida League of Cities, Inc., 125 East Colonial Dr., Orlando, FL 32801, Attention: Anita Wick

NORTH WEST FLORIDA WATER MANAGEMENT DISTRICT
800 HOSPITAL DRIVE
CRESTVIEW, FL 32539





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, Fax: 407-425-9378

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|--|--|------|-------------------|
| NAME OF PUBLIC ENTITY | | | |
| ADDRESS | | CITY | STATE ZIP CODE |
| CONTACT PERSON | | | |
| EMAIL ADDRESS OF CONTACT PERSON | | | |
| PHONE | | | |
| <u>OSHA 10-HR CONSTRUCTION CLASS—AUGUST 10, 2010 AND AUGUST 11, 2010</u> NORTH WEST FLORIDA WATERMANAGEMENT DISTRICT 800 HOSPITAL DRIVE—CRESTVIEW, FL 32539 | | | |
| PLEASE LIST NAME(S) OF PERSON(S) ATTENDING | | | |
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| | | | |
| PLEASE COMPLETE REMAINDER OF FORM BELOW ONLY 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 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