



3131 N. County Club Rd. Ste 106
 Tucson AZ 85716
 Phone: (520) 624-3002 Fax: (520) 624-3049
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Safety Training Class Schedule

<u>2017</u>	<i>(Class ID in Brackets)</i>	<u>Time of Class</u>
	<i>(More classes Could be added)</i>	
Jan.11	(FT) Forklift Training	2:30—6:30 pm
Feb.8	(FP) Fall Protection, ladder use, and aerial lifts	2:30—6:30 pm
Feb. 21	(S) Scaffolding Training	2:30 - 6:30 pm
Mar.8 & 9	(10hr) Osha 10 Hour	11:00am - 5:00 pm
Apr. 12	(FT) Forklift Training	2:30—6:30 pm
Apr. 26	Flagger Training Course	8:00am-12:00pm
May 2	(CS) Confined Space	3:00 - 7:00 pm
May 23	(FT) Forklift Training	3:00 - 7:00 pm
Jun. 14	(EC) Excavation Comp. Person	3:00—7:00 pm
July 11	(FT) Forklift Training	3:00—7:00 pm
July 25	(RH) Rigging and Hand Signals	3:00—7:00 pm
Aug. 9	(S) Scaffolding Training	3:00 - 7:00 pm
Sept 27 & 28	(10hr) Osha 10 Hour	1:00 - 7:00 pm
Oct. 25	(FT) Forklift Training	2:30—6:30 pm
Nov. 2	(FP) Fall Protection, ladder use, and aerial lifts	2:30—6:30 pm
Dec. 5	(CS) Confined Space	2:30—6:30 pm

Registration Cut-Off All class registration must be in the ACT office before Noon, 48 hours prior to the scheduled class. All companies registered will be notified no later than 2 pm 24 hours prior to the scheduled class if the class is cancelled.

Instructor: Sharon Powers, RSP –POWERS SAFETY SERVICES, LLC.
 Cost: \$50.00 ACT Members Location: 3131 N. Country Club Rd. Ste. 106 in the Boardroom
 \$75.00 Non Members OSHA Classes \$125 Members \$150 Non Members
 Class includes: Seminar Materials, Food & Beverage
 Please bring a Pen/Pencil to use.

You will be charged for No Show Reservations unless you have Cancelled within 48 hours prior to Seminar schedule!

Registration Form: Duplicate Registration Form for multiple class registrations
 Fill out registration form and fax to (520) 624-3049
 Seating guaranteed upon receipt of your Registration and Payment. Class subject to **24-hour cancellation.**

Class ID# _____ Date of Class: _____

Company Name: _____

Contact: _____

Address: _____

City _____ State: _____ Zip _____

Phone: _____ Fax: _____

Participants:

Invoice me Use my Visa/Master Card
 You may now e-mail your information too!
 subs@actaz.net or Fax 624-3049



Card # _____

Expiration Date: _____ CVC _____

Signature: _____

Billing Address: _____

Zipcode: _____

Email for Receipt: _____