



# 2018-SAFETY DAYS

## 40th Annual

AGC OF WISCONSIN IS COMMITTED TO MAKING 2018 YOUR SAFEST YEAR YET!

A critical component of all workplace safety is a comprehensive training program. Equally important is refresher training that helps to remind all employees on a regular basis about workplace safety. Extensive training coming to a location near your!

- |                                          |                                                                                                    |
|------------------------------------------|----------------------------------------------------------------------------------------------------|
| Friday, February 23rd<br>8:00 am—3:00 pm | >>> LA CROSSE – AmericInn Hotel & Conference Center<br>1835 Rose Street, La Crosse, WI 54603       |
| Friday, March 9th<br>8:00 am—3:00 pm     | >>> KIMBERLY- Liberty Hall Banquet & Conference Center<br>800 Eisenhower Drive, Kimberly, WI 54136 |
| Friday, April 6th<br>8:00 am—3:00 pm     | >>> MARSHFIELD– Holiday Inn Hotel & Conf. Center<br>750 S. Central Ave., Marshfield, WI 54449      |
| Friday, May 4th<br>8:00 am—3:00 pm       | >>> MADISON – AGC of Wisconsin Office, 2nd Floor<br>4814 E. Broadway, Madison, WI 53716            |

**The most current OSHA topics to be covered,  
more details to follow**

**Registration Open**



**REGISTRATION FEE \$75.00 per person (lunch included)**

**Online Registration: [www.agcwi.org](http://www.agcwi.org) or Email [jtroia@agcwi.org](mailto:jtroia@agcwi.org)**

**Questions? Call Brent Miller or Jim Falbo 608-221-3821**

# Safety Day 2018 Registration Form

**LA CROSSE — February 23, 2018**

**KIMBERLY — March 9, 2018**

**MARSHFIELD — April 6, 2018**

**MADISON — May 4, 2018**

Includes 6 hours of safety training, continental breakfast, lunch, and attendance card verifying participation.

**Registration Fee: \$75.00 per person    Registration Deadline: One Week Prior to Event**

**Email form to: [jtroia@agcwi.org](mailto:jtroia@agcwi.org) or Fax: 608-221-4446**

<b>Company:</b>		<b>Contact Person:</b>	
<b>Address:</b>		<b>City, State, Zip:</b>	
<b>Contact E-mail Address:</b>		<b>Phone/Fax:</b>	
<b>Attendee Name:</b>		<b>E-mail Address:</b>	<b>Location:</b>
1.			
2.			
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10.			
<b>Total Due:</b>			

**AGC of Wisconsin Registration Cancellation Policy:** AGC of Wisconsin incurs direct and indirect expenses in planning and presenting workshops, seminars, conferences, golf outings and dinner meetings for its members. These costs include promotion, speaker fees, travel, textbooks, meeting space, food and beverage. When registrants fail to provide timely notice that they will not attend an AGC of Wisconsin event for which they have registered, these costs must still be paid. In fairness to all registrants, the following policy has been adopted: *Unless otherwise stated on the registration form, the registration fees will be credited in full, if notice of cancellation is made at least five (5) business days prior to the date of the event. If notice of cancellation is made less than five (5) business days in advance, twenty-five percent (25%) of the registration fee will be credited towards a future program. No refund will be made for cancellations received after the event. You may avoid the cancellation penalty by transferring your registration to another person. Notice of cancellation should be made to the AGC of Wisconsin by phone (608/221-3821); fax (608/221-4446) or by e-mail ([jtroia@agcwi.org](mailto:jtroia@agcwi.org)). In the event that AGC of Wisconsin is forced to cancel an event, any non-recoverable costs associated with the registration will be considered before issuing reimbursement. These costs will be deducted from the amount eligible for reimbursement. The full or partial reimbursement of registration fees charged in accordance with this policy will be considered on a case-by-case basis.*

**Company Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PAYMENT:**     Please Bill Me     Check enclosed - \$ \_\_\_\_\_     Use Credit Card - \$ \_\_\_\_\_

**Card #** \_\_\_\_\_ **CVC:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Registration fee enclosed Check #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ *Make checks payable to: AGC of Wisconsin*