

SAFETY 2015 REGISTRATION FORM



Please print or type. Register on-line at www.SAFETY2015.org or complete this form and fax to +1.847.768.3434 or mail with full payment to ASSE, 33477 Treasury Center, Chicago, IL USA 60694-3400. Register on or before 3/31/2015 and save!

STEP 1 CONTACT INFORMATION

ASSE Member # _____ AIHA/AHMP Member # _____ CSSE Member # _____ Non-Member
 Designations (Maximum 2) ARM ASP CHST CSP CIH CHMM OHST P.E. CET CFPS COHN COHN-S

Please fill out the following information as you want it to appear on your badge and registration confirmation.

Full Name _____ First Name on Badge _____

Title _____ Organization _____

Mailing Address: Home Business _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Phone _____ Fax _____ Email _____

Check here if you **do not** want email address to be included in your bar coded information used in the exhibit hall.

Are you on Facebook LinkedIn Twitter

STEP 1A REGISTRATION

(Check the applicable box and enter amount due in the far right column)	Early Rate Postmarked on or before 3/31/15	Regular Rate Postmarked 4/1/15-5/15/15	Late Rate 5/16/15- On Site	Amount Due
<input type="checkbox"/> Member	\$675	\$785	\$825	\$
<input type="checkbox"/> Non-Member	\$815	\$925	\$965	\$
<input type="checkbox"/> Student Member	\$25	\$25	\$50	\$
<input type="checkbox"/> Student Non-Member *	\$125	\$135	\$145	\$
<input type="checkbox"/> Emeritus	\$275	\$305	\$335	\$
<input type="checkbox"/> CSSE Member / AIHA Member / AHMP Member	\$745	\$855	\$895	\$
<input type="checkbox"/> One Day Monday	\$455	\$515	\$555	\$
<input type="checkbox"/> One Day Tuesday	\$455	\$515	\$555	\$
<input type="checkbox"/> One Day Wednesday	\$455	\$515	\$555	\$
<input type="checkbox"/> Government Rate**	\$685	\$805	\$850	\$

* To qualify for student member and non-member rate you must be able to demonstrate you are carrying 15 or more credits in a full-time capacity at a university or college, and not be employed full time in the OSH field.

**Only full time local, state or federal government employees eligible; vendors and sub-contractors not eligible.

Subtotal for Step 1A \$ _____

STEP 1B GROUP REGISTRATION – Group pricing deadline 5/15/15 for regular rates. See page 54 for information on sending a company group.

Group Code _____ (provided by ASSE) Group Rate (per person) \$ _____

Group Registration	Early Rate Postmarked on or before 3/31/15	Regular Rate Postmarked 4/1/15-5/15/15	Late Rate 5/16/15- On site	Amount Due
10-19 people from same company	\$655	\$765	\$805	\$
20-35 people from same company	\$625	\$735	\$775	\$
36-59 people from same company	\$595	\$705	\$745	\$
60-90 people from same company	\$565	\$675	\$715	\$

Subtotal for Step 1B \$ _____

Subtotal for Step 1A / 1B \$ _____

STEP 2 SELECTION OF CONCURRENT EDUCATIONAL SESSIONS – List in the boxes below one session number per time period. Titles and session numbers can be found in this brochure. NOTE: This is to aid in determining room sizes and is not a guaranteed seat.

Monday 10:30AM-11:45AM	Monday 1:00PM-2:00PM	Monday 3:15PM-4:15PM	Monday 4:30PM-5:30PM	Tuesday 10:30AM-11:45AM	Tuesday 3:00PM-4:15PM
Tuesday 4:30PM-5:30PM	Wednesday 7:45AM-9:00AM	Wednesday 11:00AM-12:00PM	Wednesday 1:45PM-2:45PM		

Registration Policies and Procedures can be found on page 54.

Safety 2015 Professional Development Conference (PDC) Registration Form

STEP 3 PRE AND POST CONFERENCE SEMINARS – For seminar names and codes see page 36.

Please check the box and if multiple seminars are listed circle the seminar numbers you wish to attend.

Early Rate Postmarked on or before 3/31/15

Regular Rate Postmarked 4/1/15-5/15/15

Late Rate 5/16/15 - On site

Amount Due

PRE CONFERENCE SEMINARS

<input type="checkbox"/> One-Day – June 4, 6 or 7 111 308 309 310 311 312 313 314 315 316 317 318 319 406 407 408 409 410 411 412 413 414 415 416 417 418 419	Member \$315 Non-member \$380	Member \$365 Non-member \$415	Member \$385 Non-member \$430	\$
<input type="checkbox"/> Two-Day – June 4-5 or 6-7 122 321 322 323 324 325 326 327 328	Member \$575 Non-member \$625	Member \$625 Non-member \$675	Member \$650 Non-member \$700	\$
<input type="checkbox"/> Three-Day – June 5-7 231 232 233 234 235 236	Member \$660 Non-member \$710	Member \$710 Non-member \$760	Member \$735 Non-member \$785	\$
<input type="checkbox"/> June 4-5 121 Reducing Losses from Occupational Health Risks and Environmental Exposures	Member \$625 Non-member \$675	Member \$675 Non-member \$725	Member \$725 Non-member \$775	\$
<input type="checkbox"/> June 6-7 321 Delivering a High-Performance Safety Management System	Member \$625 Non-member \$675	Member \$675 Non-member \$725	Member \$725 Non-member \$775	\$
<input type="checkbox"/> Half-Day – June 10 (2:00PM-6:00PM) 801 Math Review	Member \$160 Non-member \$210	Member \$210 Non-member \$260	Member \$235 Non-member \$285	\$
<input type="checkbox"/> One-Day – June 11 or 12 806 807 808 809 810 811 812 813 814 815 816 817 818 819 910 911 912 913 914 915 916 917	Member \$315 Non-member \$380	Member \$365 Non-member \$415	Member \$385 Non-member \$430	\$
<input type="checkbox"/> Two-Day – June 11-12 821 822 823	Member \$575 Non-member \$625	Member \$625 Non-member \$675	Member \$650 Non-member \$700	\$
<input type="checkbox"/> Three-Day – June 11-13 831 832 833	Member \$660 Non-member \$710	Member \$710 Non-member \$760	Member \$735 Non-member \$785	\$
<input type="checkbox"/> June 11-13 834 Managing the Business Aspects of Safety	Member \$725 Non-member \$775	Member \$775 Non-member \$825	Member \$825 Non-member \$875	\$

AIHA/AHMP Members are eligible for a \$30 discount off the non-member rate \$(_____)
No more than one discount applies.

Subtotal for Step 3 \$ _____

STEP 4 LUNCHES

Please check one box for Monday and one box for Tuesday Lunch if you plan to attend; Wednesday Lunch is optional and an additional fee.

Monday, June 8	<input type="checkbox"/> L05 Conference Luncheon	<input type="checkbox"/> L05C Chapter Recognition Luncheon
Tuesday, June 9	<input type="checkbox"/> L06 Conference Luncheon	<input type="checkbox"/> L06P Council on Practices & Standards Awards Luncheon
Wednesday, June 10	<input type="checkbox"/> LP715 Conference Luncheon/Program – Fee \$45 (On-Site Fee \$50) \$ _____	

Subtotal for Step 4 \$ _____

STEP 5 NIGHT OUT EVENT – See page 35 for full details.

Check the appropriate number and enter amount due in the far right column.	Early Rate Before 3/31/15	Regular Rate After 3/31/15	# of Attendees	Amount Due
Tuesday, June 9, Networking Night Out				
<input type="checkbox"/> N06 Night Out	\$ 75	\$ 85		

Subtotal for Step 5 \$ _____

STEP 6 TECHNICAL TOURS – Conference attendees are permitted to register for only one educational tour. See page 50 for full details.

Tour Date	Tour Number	Tour Name	Amount Due
			\$

Subtotal for Step 6 \$ _____

STEP 7 WISE RETREAT AND GOLF OUTING

Check the appropriate number and enter amount due in the far right column.	Early Rate Before 3/31/15	Regular Rate After 3/31/15	# of Attendees	Amount Due
Saturday, June 6, WISE Retreat				
<input type="checkbox"/> ASSE Member	\$ 75*	\$ 100*		
<input type="checkbox"/> ASSE Non-Member	\$ 100	\$ 125		
Sunday, June 7, Foundation Golf Outing				
<input type="checkbox"/> GOLF15	\$ 165			

*ASSE Members that are not currently members of the WISE Common Interest Group will receive a complimentary 1-year WISE membership automatically with their WISE Retreat registration.

Subtotal for Step 7 \$ _____

STEP 8 ACADEMIC FORUM

To attend the Academic Forum, you must be a registered conference attendee AND either a full-time faculty member of a recognized accredited college or university and/or a member of the ASSE Academics Practice Specialty.

Sunday, June 7	<input type="checkbox"/> 400 Academic Forum	9:30AM-3:00PM
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STEP 9 STUDENT ROUNDTABLE PROGRAM

Monday, June 8	<input type="checkbox"/> 500 Safety Talks-Student Roundtables	2:00PM-3:15PM
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STEP 10 METHOD OF PAYMENT – Full Payment required with registration.

Visa MasterCard American Express Discover

Check # (payable to ASSE, in U.S. Funds on U.S. Bank) _____

Card Number _____ Exp. Date _____

Signature of Cardholder _____

Cardholder's name (please print) _____

Grand Total (Steps 1, 3, 4, 5, 6, 7) \$ _____

999 Check here if you require physically challenged services or have specific dietary restrictions/allergies. You must attach a written description of your needs.

Sponsor name _____ Sponsor ID# _____