



465 W St Mary's Rd Ste 100  
 Tucson AZ 85701  
 Phone: (520) 624-3002 Fax: (520) 624-3049  
 E-mail: Subs@actaz.net Web: www.actaz.net

**Safety Training Class Schedule**

<u>2010</u>	<u>(Class ID in Brackets)</u>	<u>Time of Class</u>
Mar. 9 & 10 *	(10) Osha 10 Hour	2:00 - 7:00 pm
Mar. 30	(RFL) Refresher Forklift Training	3:00 - 5:00 pm
Apr. 13	(FP) Fall Protection	3:30—7:30 pm
May 11	(CS) Confined Space	3:30 - 7:30 pm
Jun. 8	(EC) Excavation Comp. Person	3:30—7:30 pm
July 13	(FT) Forklift Training	3:30—7:30 pm
July 28	(RFL) Refresher Forklift Training	3:00 - 5:00 pm
Aug. 10	(S) Scaffolding Training	3:30 - 7:30 pm
Sept 14	(FP) Fall Protection	3:30—7:30 pm
Oct. 5	(EC) Excavation Comp. Person	3:30—7:30 pm
Nov. 9	(CS) Confined Space	3:30 - 7:30 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.

All classes available in Spanish UPON REQUEST

Contact the ACT office for more information

Instructor: Sharon Powers, RSP -Powers Safety Services, LLC.

Cost: \$50.00 ACT Members Location: 465 W St. Mary's Rd

\$75.00 Non Members Boardroom

Class includes: Seminar Materials, Food & Beverage

Please bring a Pen/Pencil to use.

\* 10 Hour OSHA Class member cost \$70 per student & non-member \$100 per student

*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 624-3049.

Seating guaranteed upon receipt of your Registration & 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: \_\_\_\_\_