



Western
Pennsylvania
Chapter

The Safety Committee Presents:

The Key Components of STEP

Tuesday, February 16, 2010

6:00 p.m.

ABC of Western PA Office

Price per participant	\$40.00
Price for STEP Applicants:	\$5.00

This seminar will review key components of the STEP application and help you improve your company safety. The seminar will cover helpful checklists for new employee orientation to toolbox talks.

The seminar will be taught by our Safety Committee member, John Lafayette, Certified Safety Professional and Construction Health and Safety Technician. For members applying for STEP this year, you can attend this seminar for \$5.00!!! All other participants cost \$40.00.

Members wishing to receive help with their STEP application can come to the chapter office at 5:00pm with questions to ask our safety committee. We will also stay late to help you with any concerns.

***For more information,
please contact Elizabeth Yorio
at eyorio@abcwpa.org or 412.231.1446 x26.***

*To register, please fill out the form on the back of this page.
All registrations must be received at least
one week prior to the date of the course..*

Associated Builders and Contractors of Western Pennsylvania



Course Registration Form

Western
Pennsylvania
Chapter

Course Title: The Key Components of STEP

Course Date: February 16, 2010

All registration forms must be received at least one week prior to course date. All courses are subject to minimum enrollment.

Company Information

Company: _____
Company Phone Number: (____) _____ - _____
Company Fax Number: (____) _____ - _____
Company Contact: _____
Contact E-mail Address: _____

Registrant Information

Name	E-mail Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Payment Information

Price per Registrant: \$_____ X Number of Registrants: _____ Total Amount Due: \$_____

How would you like to pay?

Check
Check payments may be mailed to: ABC of Western PA, Attention: Elizabeth, 3500 Spring Garden Avenue, Pgh., PA 15212

Credit Card
 Visa* Master Card*

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____

Card Holder's Signature: _____

Credit card payments may be faxed to 412.231.3201 (Attn: Elizabeth) or E-mailed to eyorio@abcwpa.org

**Please note that credit card payments will not be accepted for less than \$100.00.*