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FORM APPROVED
OMB NO. 1218-0172
Expires 08-31-07

1. Course Number	2. Course Dates (MM/DD/YY)
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PERSONAL DATA

3. Name	4. Job Title
5. Local Lodging	

EMPLOYER DATA

6. Name of Employer		
7. Street Address	8. E-Mail Address	
9. City	10. State	11. ZIP Code

EMERGENCY CONTACTS

12. Name of Supervisor	13. Phone Number (Including Area Code)
14. Name of Alternate Contact	15. Phone Number (Including Area Code)

STUDENT GROUPS

(Mark an "X" in the appropriate boxes. Complete only ONE of the following five sections #16 - #20.)

<input type="checkbox"/> 16. FEDERAL OSHA	<input type="checkbox"/> (a) National Office	Region 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
	(b) Job Specialization <input type="checkbox"/> (1) Safety <input type="checkbox"/> (2) Health <input type="checkbox"/> (3) Other _____	
<input type="checkbox"/> 17. STATE OSHA	(a) State Program <input type="checkbox"/> (1) Compliance <input type="checkbox"/> (2) Consultation	(b) Job Specialization <input type="checkbox"/> (1) Safety <input type="checkbox"/> (2) Health <input type="checkbox"/> (3) Other _____
<input type="checkbox"/> 18. OTHER GOVERNMENT AGENCY	<input type="checkbox"/> a. Federal <input type="checkbox"/> b. State	<input type="checkbox"/> c. City/County <input type="checkbox"/> d. Other _____
<input type="checkbox"/> 19. PRIVATE SECTOR	<input type="checkbox"/> a. Employer Representative <input type="checkbox"/> b. Employee Representative	<input type="checkbox"/> c. Government Contractor Employee <input type="checkbox"/> d. Other _____
<input type="checkbox"/> 20. INTERNATIONAL STUDENT	Name of Country _____	