


Webinar Participant Registration Form

- 1) First Name* (*Fill in Blank*)
- 2) Last Name* (*Fill in Blank*)
- 3) Email Address* (*Fill in Blank*)
- 4) Confirm Email Address* (*Fill in Blank*)



UNITED STATES
DEPARTMENT OF LABOR

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Register for The Three Core Elements of Effective Safety and Health Programs

Please complete this form to register for the event. An asterisk (*) indicates required information. [English](#) | [New York Times](#)

Please answer the following questions.

* First name:	<input type="text"/>	* Last name:	<input type="text"/>
* Email address:	<input type="text"/>		
* Confirm email address:	<input type="text"/>		

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OMB Control Number XXXX-XXXX
Expiration date: XX/XX/XXXX

PAPERWORK REDUCTION ACT

Public reporting burden for this voluntary collection of information is estimated to average 1 minute per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate participation in Safe - Sound Week. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to OSHAPFA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.