



## 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 Time](#)

Please answer the following questions.

\* **First name:**   
\* **Email address:**   
\* **Confirm email address:**

\* **Last name:**

© 2018 Cisco and/or its affiliates. All rights reserved. [Privacy Statement](#) | [Terms of Service](#)

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](mailto:OSHAPFA@dol.gov) or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.