REGISTRATION

National Safety Council, Greater Omaha Chapter Safety & Health Summit • May 12-13, 2009
Qwest Center • Omaha, NE

Name/Designation: ❑CSP ❑ASP ❑CHMM ❑CBCP ❑Other _____
CEUs ❑ Yes ❑ No

Title

Company/Organization

Address

City State Zip

Phone Fax E-Mail

Company Contact Person/Title

❑ **Two Day Conference Ticket**
Includes: General Sessions, Breakout Sessions (choose below), Breakfast, Breaks, Lunch (both days), Conference Materials

First Responder: By April 3, 2009	$320 Parking included
Received Before April 21, 2009	$415 ($350 Member Rate)Parking included
Received After April 21, 2009	$475 ($430 Member Rate) Parking included
Special Student Rate	$75

❑ **One Day Conference Ticket**
Includes: General Session, Breakout Sessions (choose below), Breakfast, Breaks, Lunch (day of attendance), Conference Materials
Choose Either:
❑ Tuesday, May 12, 2009 **OR** ❑ Wednesday, May 13, 2009

Received Before April 21, 2009	$305 ($255 Member Rate) Parking included
Received After April 21, 2009	$385 ($335 Member Rate) Parking included
Special Student Rate	$40

Schedule of Events *Please choose one from each time slot.*

Tuesday, May 12, 2009

8:00-8:30 a.m.	❑ Coffee and Connections					
8:30-10:00 a.m.	❑ Opening General Session					
10:30-11:45 a.m.	❑S1	❑W2	❑R3	❑C 4	❑SP5	❑RE6
11:45 a.m.-1:00 p.m.	❑ Lunch					
1:00-2:15 p.m.	❑S7	❑W8	❑R9	❑C10	❑SP11	❑RE12
2:45-4:00 p.m.	❑S13	❑W14	❑R15	❑C16	❑SP17	❑RE18
4:30-7:00 p.m.	❑ **ASSE Banquet $35**					

Wednesday, May 13, 2009

7:30-8:00 a.m.	❑ Coffee and Connections					
8:00-9:00 a.m.	❑S19	❑W20	❑R21	❑C22	❑SP23	❑RE24
9:15-10:15 a.m.	❑S25	❑W26	❑R27	❑C28	❑SP29	❑RE30
10:30-11:45 a.m.	❑S31	❑W32	❑R33	❑C34	❑SP35	❑RE36
12:00 p.m.-1:30 p.m.	❑ Awards Luncheon					

❑ **Awards Luncheon $55**
Included in the two day conference ticket and Wednesday conference ticket

❑ **Special Accommodations**
Please check here if you require special accommodations. We will contact you.

Deep discounts for registration before April 3, 2009!

Total Cost: _____

❑ Payment Enclosed ❑ Please Invoice, Purchase Order #_____
Please make checks payable to NSC,GOC.

❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Credit Card Number

Expiration Date Name on Credit Card _____

Signature_____