



Compliments of	Name					
		Company				
DAMOTECH		Job Title				
		Address				
		City				
Visit us in Booth#:		Prov./State Postal / Zip Code				
821		Phone Fax				
		E-mail				
Please tell us about yourself Please circle <u>ONE</u> in each of the following categories						
How many employees are	in your organization / o	company:				
A 1-5 B 6-19	C 20-49	D 50-99	E 100-249	F 250-499	G 500+	
Which of the following mos	st accurately describes	your workplace's	primary business a	ectivity:		
 A Agriculture / Landscaping G Industrial / Manufacturing M Tourism /Hospitality 	B ConstructionH Natural ResourcesN Transportation	C Education I Professional Service	D Electri es J Restau	cal rant / Food Services	E Government K Retail / Wholesale	 F Health / Community Care e L Telecommunications
Which of the following job	responsibilities most a	accurately describe	s your position:			
A Health Care Professional F Purchasing	 B Health / Safety / Environ G Sales / Marketing 	mental Specialist	C Human ResourcesH Senior Management	D Owner / O	perator Specialist / Engineer	E Production / Operations J Worker / Tradesperson
Are you a JHSC Member?	Yes	No				
Do you make or influence health and safety buying decisions for your business?				Yes	No	

Register Online at **PartnersInPreventionConference.com** For more information, contact WSPS at 905-614-1400 or 1-877-494-9777