



Compliments of	Name					
		Company				
DAMOTECH		Job Title				
		Address				
		City				
Visit us in Booth#:		Prov./State Postal / Zip Code				
<b>821</b>		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	<b>C</b> 20-49	<b>D</b> 50-99	E 100-249	<b>F</b> 250-499	<b>G</b> 500+	
Which of the following mos	st accurately describes	your workplace's	primary business a	ectivity:		
<ul> <li>A Agriculture / Landscaping</li> <li>G Industrial / Manufacturing</li> <li>M Tourism /Hospitality</li> </ul>	<ul><li>B Construction</li><li>H Natural Resources</li><li>N Transportation</li></ul>	C Education I Professional Service	D Electri es J Restau	cal rant / Food Services	E Government K Retail / Wholesale	<ul> <li>F Health / Community Care</li> <li>e L Telecommunications</li> </ul>
Which of the following job	responsibilities most a	accurately describe	s your position:			
A Health Care Professional F Purchasing	<ul> <li>B Health / Safety / Environ</li> <li>G Sales / Marketing</li> </ul>	mental Specialist	<ul><li>C Human Resources</li><li>H Senior Management</li></ul>	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