

WORKSAFE SIGN UP for TRAINING

Fill out as much as relevant and RETURN this form via fax (510) 835-4913 or email to SNoero@worksafe-cosh.org - for more info call Sophie at (510) 302-1027 check out our website at www.worksafe.org

TRAINING for which you are signing up _____
(Indicate the location or date - so we know which program)

Name _____

Organization _____

Attorney Law Student Legal / Community Worker Other _____

Union _____ Local # _____

Union Rep _____
(Indicate title)

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____

Home Email _____

Employed by _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Work Fax _____

Work Email _____

Cell Phone _____