

# 2019 MFDA OSHA/Advocacy & Legislation Training Registration

Please return by 1/9/2019

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your firm a member of the MFDA? \_\_\_\_\_ If not, are you interested in becoming a member? \_\_\_\_\_

	Presque Isle 1/11/19			Bangor 1/16/19		Auburn 1/23/19	
	Part 1	Part 2	Coffee w/ Pineaus	Part 1	Part 2	Part 1	Part 2
<b>Attendee Names/License #:</b>							
1.							
2.							
3.							
4.							
5.							
6.							
<b>No charge for MFDA members and licensed funeral service practitioners/attendants affiliated with MFDA member firms. \$50 for non members.</b>							
<b># of Attendees</b>	<b>Total Payment Due (# of Attendees x fee)</b>						

**Agenda:**

**1/11/19 Presque Isle, Duncan Graves Funeral Home**

- 7:30 am – 8:30 am                      Coffee with the Pineaus
- 8:30 am – 9:30 am                      Bloodborne Pathogen and Hazard Communications Standard (1 CEU)
- 9:30 am – 9:45 am                      Registration & Coffee Service
- 9:45 am – 10:45 am                      Formaldehyde Emphasis on OSHA's requirements (1 CEU)

**1/16/19 Bangor, Brookings Smith Family Reception Center & 1/23/19 Auburn, The Fortin Group**

- 8:00 am – 8:30 am                      Registration & Coffee Service
- 8:30 am – 9:30 am                      Bloodborne Pathogen and Hazard Communications Standard (1 CEU)
- 9:30 am – 9:45 am                      Registration & Coffee Service
- 9:45 am – 10:45 am                      Formaldehyde Emphasis on OSHA's requirements (1 CEU)

**RETURN FORM & MAIL PAYMENT TO MFDA PO BOX 926, GARDINER, ME 04345 OR FAX CREDIT CARD INFO TO: 207-512-1035  
Registration due by 1/9/2019**

Questions – Call 207-729-9100 or email: [carolgay@mainefuneraldirectors.org](mailto:carolgay@mainefuneraldirectors.org)

Checks can be made payable to the Maine Funeral Directors Association. Credit Card Payments - Enter Info Below:

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name/Address on Card if different than above: \_\_\_\_\_

Authorization to Charge Card: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_