

## 2012 Region IX Workshop Submittal Form

There is no limit to the number of proposals submitted. However, please submit one form per workshop please. Speaker must be identified at the time of submittal. Please submit form to Gilbert Aceves at [gaceves@mortonsalt.com](mailto:gaceves@mortonsalt.com) or fax to 562-437-2451.

**1. Workshop Level (place X in applicable box):**

	Novice Session
	Intermediate Session
	Advanced Session

**2. Workshop Type (place X in applicable box): :**

	VPP Element- Management Commitment
	VPP Element- Employee Involvement
	VPP Element- Hazard Recognition & Control
	VPP Element- Worksite Analysis
	VPP Element- Safety & Health Training
	Federal/Military
	Electrical
	Best Practice
	LOTO
	Ergonomic
	Behavior Based Safety
	Health & Well Being
	DOE/EPA/OSHA
	Construction
	General Industry
	Other (Describe):

**PLEASE TYPE OR PRINT CLEARLY.**

**3. Title of Workshop:** \_\_\_\_\_

**4. Workshop summary: 50-75 words only. (The Region reserves the right to edit workshop summaries)**

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**5. Workshop Coordinator: (List information as you would like it to appear in conference publications):**

Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_  
 Coordinator's Title: \_\_\_\_\_  
 Coordinator's Company: \_\_\_\_\_  
 Street Address/PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**6. Speaker: (List information as you would like it to appear in conference publications):**

Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_  
 Speaker's Title: \_\_\_\_\_  
 Speaker's Company: \_\_\_\_\_  
 Street Address/PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

If same as coordinator check here

**7. Second workshop Speaker (if applicable): (List information as you would like it to appear in conference publications):**

Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_  
 Speaker's Title: \_\_\_\_\_  
 Speaker's Company: \_\_\_\_\_  
 Street Address/PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

If same as coordinator check here

Presenters are expected to supply their own laptop computers. Microphones, LCD projectors and screens will be provided in all workshop rooms. If laptops, sound speakers for laptops or any other special A/V accommodations are needed, please contact Gilbert Aceves at [gaceves@mortonsalt.com](mailto:gaceves@mortonsalt.com) or fax to 562-437-2451.