



# Safe Patient Handling Conference

October 18-19, 2011

Albany, NY



## NYS/PEF Registration Form

Please complete to qualify for the waiving of the \$100 Registration Fee – We will forward your registration form to DOL

Print Name \_\_\_\_\_

Agency \_\_\_\_\_ Job Title \_\_\_\_\_

Work Location \_\_\_\_\_

Contact Number (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

E-mail \_\_\_\_\_

PEF Division # \_\_\_\_\_ PEF Council Leader \_\_\_\_\_

Union Position Held:  Health & Safety Chair  L/M Representative

Other \_\_\_\_\_

Approved by: \_\_\_\_\_

**Please complete the additional break-out form for the tracks you would like to attend**

### **Travel Arrangements:**

Subject to operating needs, agencies may provide two [2] days of release time on October 18-19, 2011 without charge to leave credits for designated employees to attend. In addition, agencies may authorize up to 3 hours of travel time on October 17<sup>th</sup> for those who must travel more than 125 miles to attend the conference.

Please note that payment of mileage reimbursement and other related travel costs for conference attendees is subject to state and agency policies regarding travel expenditures. Any policies requiring pre-approval for such expenses must be followed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the registration form by October 3, 2011 to:**

Kristina Willbrant  
New York State Public Employees Federation  
Health & Safety Department  
PO Box 12414  
Albany, NY 12212-2414  
**Or fax to: (518) 785-1814, Attn.: K. Willbrant**