



Safe Patient Handling Conference

October 4 - 5, 2010
Syracuse, 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 4 – 5 2010 without charge to leave credits for designated employees to attend. In addition, agencies may authorize up to 3 hours of travel time on October 3rd 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 September 17, 2010 to:

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