

# Safety Directors' Conference

B Resort & Spa ■ Lake Buena Vista, FL

January 22-24, 2019

## SDC REGISTRATION FORM



### Attendee Information

Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registrant's Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**\*required**

E-mail address to send registration confirmation: \_\_\_\_\_

I will be bringing a Spouse/Guest Name of Spouse/Guest: \_\_\_\_\_

Registration Type	Cost	Quantity
Registration (Member)	\$750	
Registration (Spouse/Guest)	\$120	
<b>Total</b>		

**Complimentary Optional Pre-Conference Courses**

If interested, select only **ONE** of the following options:

**Option 1 - To Become a CPR & AED Certified Instructor:**  
January 21 - 12:30 PM to 6:30 PM  
January 22 - 9:00 AM to 12:00 PM

**Option 2 - To Become CPR & AED Certified:**  
January 22 - 9:00 AM to 12:00 PM

**Complimentary Polo Shirt (please specify size):**

Men's  Women's

S  XL  
 M  XXL  
 L  XXXL

**MCAA Cancellation & Refund Policy**

- If it becomes necessary to cancel your participation in the conference, please send **written** notification to MCAA.
- You will receive a full registration refund if you cancel **15 days prior to your arrival date.**
- Other refunds will be handled on a case-by-case basis. Substitutions are always accepted.

### Hotel Registration

Room Type	Rate
Standard Room (single/double occupancy)	\$199

Preferred Bed Type  King Bed  2 Beds  
*Preferred bed type will be requested but is not guaranteed.*

Arrival \_\_\_\_\_ Departure Date \_\_\_\_\_

Do you have any special hotel requirements? \_\_\_\_\_

⚠ Please contact Megan Walsh (240) 631-6293 if you require special accommodations to fully participate in this event.

**\*Please include the dates for your entire stay if you plan to attend the Post Conference ASP Workshop\***

**Will you attend the Wednesday evening Team Building Event at Universal Studios? (3:30-9:00 PM)?**  
Yes  No

**Will you be bringing a guest?**  
Yes  No

**Total No. of Attendees:** \_\_\_\_\_

Do you have any dietary restrictions? If so please specify: \_\_\_\_\_

**Hotel Cancellation & Refund Policy**  
Upon receipt of your cancellation, MCAA will forward the notification to the hotel. Please note that reservations must be cancelled prior to 15 days of arrival to guarantee a refund. Reservations cancelled after 15 days will be handled on a case by case basis.

### Rooms at the Group Rate Are Subject to Availability

Reservations are made on a first come, first served, space available basis upon payment of meeting registration fee. A credit card is necessary to confirm your hotel reservation. You will need to provide a method of payment at check-in. Reservations received after **January 7, 2019**, are not guaranteed at the B Resort & Spa at the group rate. Cancellations within 15 days of arrival may result in forfeiture of deposit. Rates are subject to state and local taxes (currently 12.5%) and a daily Resort Fee of \$10 per room per night.

Register online at <https://members.mcaa.org/19SRT>  
If you have any questions, please contact Megan Walsh: By email: [mwalsh@mcaa.org](mailto:mwalsh@mcaa.org)  
By phone: (240) 631-6293 • By fax: (240) 238-9583 • By mail: 1385 Piccard Drive, Rockville, MD 20850

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**Registrations cannot be processed without payment**

## Primary Attendee Registration Payment Information

AMEX     MC     VISA     Check (payable to MCAA)

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_

## Guest Registration Payment Information

Same Card as above     AMEX     MC     VISA     Check (payable to MCAA)

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_

## Hotel Payment Information

Same Card as above     AMEX     MC     VISA     Check (payable to B Resort & Spa)

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_

## Tuesday, January 22

Please choose **only one session** from each time slot from the list below:

### 1:30 p.m. – 2:30 p.m. Topic Session Breakout Session (1A)

- CareOnSite-Telemedicine- David Kaz & Clifford Wang
- Safety Leadership and Group Dynamics- Rick Devine
- SmartVid- Mike Perozek
- STSC, CHST, ASP & CSP Professional Safety Certifications- Erica Poff
- The Back-Saver System- Peter Guske

### 2:40 p.m. – 3:40 p.m. Topic Session Breakout Session (1B)

- CareOnSite-Telemedicine- David Kaz & Clifford Wang
- Safety Leadership and Group Dynamics- Rick Devine
- SmartVid- Mike Perozek
- STSC, CHST, ASP & CSP Professional Safety Certifications- Erica Poff
- The Back-Saver System- Peter Guske

## Wednesday, January 23

Please choose **only one session** from each time slot from the list below:

### 9:15 a.m. – 10:15 a.m. Topic Session Breakout Session (2A)

- Construction Safety Tools from NIOSH & CPWR- Jim Maddox
- Exoskeleton Technology- Brian Roberts
- Suspension Trauma- Josh Rizzo & Chad Lingerfelt
- Traversing Marijuana and Post Accident Drug Testing Traps- Adele Abrams
- UA Virtual Safety Training- Chris Haslinger & Mike DeSimon

### 10:30 a.m. – 11:30 a.m. Topic Session Breakout Session (2B)

- Construction Safety Tools from NIOSH & CPWR- Jim Maddox
- Exoskeleton Technology- Brian Roberts
- Suspension Trauma- Josh Rizzo & Chad Lingerfelt
- Traversing Marijuana and Post Accident Drug Testing Traps- Adele Abrams
- UA Virtual Safety Training- Chris Haslinger & Mike DeSimon

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