

CPR – First Aid – Bloodborne Pathogens

Skills that make you a more valuable employee and a valued and useful member of your community.



Tuesday, March 13, 2012
OR
Tuesday, May 1, 2012
5:00 to 9:00 p.m.

According to OSHA Code of Federal Regulations 1926.50 (c), persons having a valid First Aid Certification must be available at all job sites. Additionally, OSHA has promulgated a standard to eliminate or minimize exposure to bloodborne pathogens and requires exposure control plans, input from employees and possibly establishment and maintenance of logs.

FIRST AID



Thursday, March 15, 2012
OR
Thursday, May 3, 2012
5:00 to 9:00 p.m.

WHERE: ABC, 651 Danville Dr., Orlando 32825
COST: \$30 ABC CFL/CFBE/HBA members per person per class
\$40 nonmembers per person per class

SAVE: Private classes at your place or ours-
Minimum of 10 people: Call for pricing!

CEUs: Provider # 0000898:
CPR - CILB #0000428 and ECLB #0007220
First Aid - CILB #0000429 & ECLB #0001632
4 CEUs each.

INFO: Contact ABC: Debbie Crosby 407/628-2070

REGISTER: Online:
www.abccentralflorida.com/seminars.shtm
OR
Fax completed registration to 407/629-0144

Bloodborne Pathogens



Please contact ABC
407-628-2070

Open to companies and individuals who are eligible for membership in ABC.

Thank you to our sponsor



CHECK YOUR CARDS! Certifications expire every two years.

Please choose: CPR: March or May First Aid: March or May

ABC CFL Member CFBE Member (prepay required) HBA Member (prepay required) Nonmember (prepay required)

Company: _____ Contact: _____
Email: _____ Phone: _____ Fax: _____
Attendee(s): (1) _____ Email: _____
(2) _____ Email: _____

PAYMENT OPTIONS - Please select one:

Check enclosed Sending check Bill me (\$10 charge - ABC CFL members only) Credit Card P.O. # _____

CREDIT CARD INFO - If paying by credit card, all information below is required:

Person's Name on Card: _____ Email receipt to this address: _____
Card # _____ Exp. Date: _____
Card Code: _____ (AMEX: 4 digits on front of card or VISA/MC: 3 digits on back of card on signature line)
Statement address _____ Statement Zip Code _____

Cancellation/Refund Policy: Cancellations received three (3) business days (72 hours) before the class will be accepted and a full refund will be issued. No refunds will be given for cancellations received after this; please send a substitute. No shows will be billed.

MAKE CHECKS PAYABLE AND SEND TO:

Associated Builders and Contractors, Inc., 651 Danville Drive, Orlando, FL 32825
Phone: (407) 628-2070 Fax: (407) 629-0144 © 2011 Central Florida Chapter Associated Builders and Contractors, Inc

