



## **Construction Industry Service Program**

Subject: Substance Abuse Awareness Classes – March 22, 2016

The Construction Employers Association will be holding the Substance Abuse Classes as listed below:

## Tuesday, March 22, 2016

Supervisor Initial Class 8:00 a.m. – 10:00 a.m.

Worker Refresher/Initial 11:00 a.m. – 12:00 p.m.

Supervisor Refresher 1:30 p.m. – 2:30 p.m.

All classes to be held at CEA in our classrooms, 950 Keynote Circle, Suite 10, Brooklyn Heights, Ohio. Cost: \$25 per person to cover material. Registration is **MANDATORY**. Classes fill quickly. Please complete the registration form below and **return to Katie Schuerger**, **CEA**, **950 Keynote Circle #10**, **Brooklyn Hts.**, **OH 44131**. **If paying by credit card you may fill out the form below and fax to Katie at 216.398.9801**. If paying by check please make checks payable to CISP. If you need any other information, please do not hesitate to contact Katie Schuerger at 216.398.9860 Ext. 200.

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## March 22, 2016 - "SUBSTANCE ABUSE" classes

| "Supervisor"- Initial              | (8:00 a.m. – 10:00 a.m. | m.)                             |           |
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| PLEASE PRINT OR TY                 | (PE                     | PLEASE PRINT OR TY              | PE .      |
| "Worker"- Initial or Refresher     | (11:00 a.m. –           | 12:00 p.m.)                     |           |
| NAMEPLEASE PRINT OR TYP            | NAME _                  |                                 |           |
| PLEASE PRINT OR TYP                | E                       | PLEASE PRINT OR T               | /PE       |
| Supervisor"- Refresher             | (1:30 p.m. – 2:30 p.m   | .)                              |           |
| NAMEPLEASE PRINT OR TYPE           | NAME _                  |                                 |           |
| PLEASE PRINT OR TYPE               | Ε                       | PLEASE PRINT OR T               | YPE       |
| COMPANY NAME                       |                         | PHONE                           |           |
| FORM OF PAYMENT ENCLOSE            | ED: CHECK [             | VISA MC                         | AMER. EXP |
| NAME ON CARD:                      | ADDRESS                 | OF CARD HOLDER:                 |           |
| CARD #:<br>SIGNATURE OF CARD HOLDE | R:                      | EXPIRATION DATE: _<br>E-Mail: _ | CVV:      |
|                                    |                         |                                 |           |