

## **Ag Business Compliance Seminar Series continues in 2014**

Contact us by phone: 707-544-5575 or Email: info@sonomafb.org  
Farm Bureau is bringing the information to you.

### **How can you and your employees get the training you need? Just Ask!**

#### **Training Program 2014 Offers Custom Designed Courses**

- \* Agricultural Supervisor/Foreman Management Training
- \* Forklift, Tractor/PTO, ATV, Pruning, Heat stress & Hygiene
- \* Sexual Harassment Avoidance in the Workplace training for Supervisors
- \* Forklift Certification - onsite classes / \* Pesticide Applicator Workshops / \* Crucial Information Seminars
- \* Pesticide training including respirator fit test
- \* CPR / First Aid / AED courses
- \* Crucial Information Seminars

The seminar list grows throughout the year...

- \* CalOSHA Sweeps: Enforcement Preparation & Procedures
- \* Immigration & Customs Enforcement
- \* Employment Practices
- \* PG&E Hazard Safety - overhead & underground
- \* Injury & Illness Prevention Program (IIPP)
- \* Animal Disease Regulations & Prevention
- \* Ag Diesel Regulations
- \* New Water Quality Issues
- \* Ag Crime Prevention
- \* New Labor Laws/Worker Protection
- \* New Tax Laws
- \* And more...

### **Registration Information**

***Please include list of attendees with registration. Thank you.***

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Payment Information:**

Total Enclosed: \$ \_\_\_\_\_

Check (please make check payable to: Sonoma County Farm Bureau)

Visa  MasterCard Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

**Mail Payment & Reg to: SCFB ~ 970 Piner Rd. ~ Santa Rosa, CA 95403 ~ ph: 707-544-5575 ~ fax: 707-544-7452**

**Note:** \*Discount rates available for groups of 5 or more per class.

\*Customized training available. For more information, contact SCFB at 707-544-5575.

\*Refunds given until one week prior to scheduled class.

\*For classes through noontime, there will be a 30 minute break. We recommend attendees bring lunch to the facility.

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

# of Attendees: \_\_\_\_\_ @ \$: \_\_\_\_\_ Total \$: \_\_\_\_\_

Names of Attendees: *(please supply additional list of names if necessary)*

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