

Learn workstation safety tips at your computer

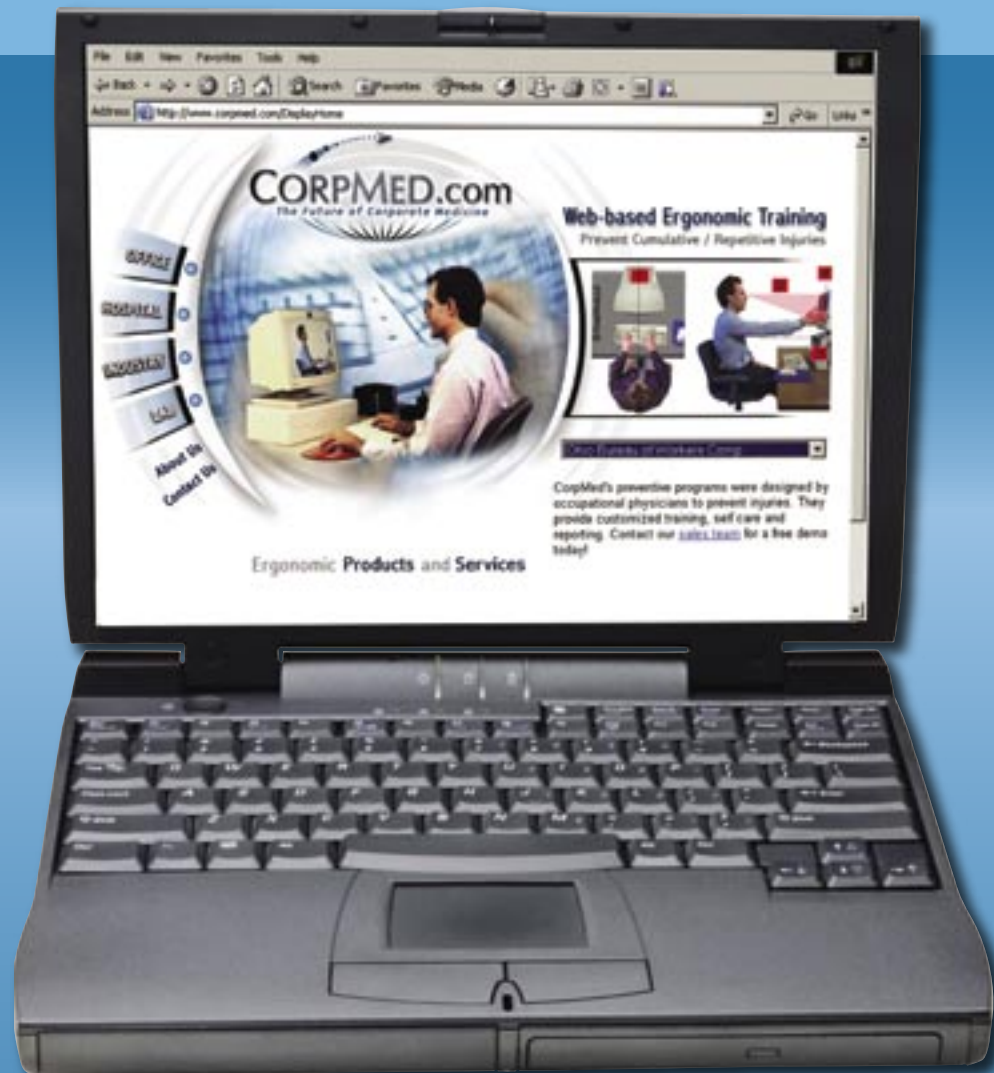
Here's what program participants had to say:

“*The course saves travel time, hotel and meal costs, and best of all, can be taken at your leisure ...*”

— William H. Richter, M.D.,
medical director, General
Motors Powertrain,
Defiance, OH

“*The program's information was clear and easy to understand. I would definitely recommend it to others.*”

— Kimberly Mast, Wayne
Mutual Insurance Co.,
Wooster, OH



It's just a click away! Learn the latest ergonomic tips for your office workstation online.

If you do work on a computer more than four hours daily, BWC's **Office Ergonomics Online**, a free Web-based training program, teaches you to work safely and comfortably, because it's:

- **Convenient** – Learn while you work at your workstation;
- **Effective** – After program completion, 90 percent of participants say they're more comfortable working;
- **Efficient** – Self-paced, interactive tutorial takes only 30 minutes.
- **Affordable** – Help your company save an estimated \$30,000 for each carpal tunnel syndrome workers' comp claim. – *National Institute of Neurological Disorders and Stroke*

To register, visit ohiobwc.com, click on Ohio employers, Training and then Web-based training. You may also call 1-800-OHIOBWC and select option 2 and then option 2 again.



Better Workers' Compensation
Built with you in mind.



Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene Training Center

Registration for Safety and Health Training

How to register

Internet: www.ohiobwc.com/safety_services/training_services

Fax to: (614) 365-4974

Call: 1-800-OHIOBWC (1-800-644-6292), follow the prompts.
(614) 995-8622, follow the prompts.

Mail to: Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene
Attention: Contact Center
13430 Yarmouth Drive
Pickerington, OH 43147-8310

Notice

Please complete all information requested. Omission of any requested information will cause delay in the processing of your request.

Please print or type

| | | | |
|--|-------------------|--|----------|
| Date of birth <i>(month and day of birth, example: 1/24)</i> | | Last four digits of Social Security number | |
| Name <i>(last, first)</i> | | | |
| Workers' compensation policy number <i>(may be obtained from your payroll/personnel department)</i> | | Job title | |
| Company name | | Company address | |
| City | County | State | ZIP code |
| Daytime telephone () | Fax number () | E-mail address | |

If you would prefer to receive your confirmation letter at your home address, please provide the information below.

| | | | |
|----------------|--------|-------|----------|
| Street address | | | |
| City | County | State | ZIP code |

Course information – *Students may enroll in up to three classes at one time. See the Services Catalog under General Training Information for an explanation.*

| | | | |
|-------------|----------------|----------------|--|
| Title | | Location | |
| Course code | Locator number | Course date(s) | |
| Title | | Location | |
| Course code | Locator number | Course date(s) | |
| Title | | Location | |
| Course code | Locator number | Course date(s) | |

Credit card payment – *If you do not have an active workers' compensation policy number, you may pay your tuition by Visa, MasterCard, American Express, or by using a check or money order payable to BWC Division of Safety & Hygiene Training Center. See the Services Catalog for tuition rates.*

| | | |
|------------|---|-----------------|
| COST \$ | Visa account number | Expiration date |
| | MasterCard account number | Expiration date |
| | American Express account number | Expiration date |
| | Name as it appears on credit card <i>(please print or type)</i> | |
| | Signature of card holder | |