



1 Day Office Ergonomics Assessment Workshop

Choose your location!

Vancouver: Nov 30, 2011
 Saskatoon: Feb 9, 2012
 Vancouver: Feb 15, 2012
 Edmonton: Apr 17, 2012

Course Objectives	Course Content
<p>Upon completion of the workshop, participants will be able to:</p> <ol style="list-style-type: none"> 1. Implement a formal process that will become the foundation of the internal office ergonomics program. 2. Assess specified workstations and provide feedback to management and workers. 3. Assist in proper workstation layout, set-up and equipment utilization 4. Evaluate the necessity of retrofitting and/or procurement of new office furnishings, equipment and accessories. 	<ul style="list-style-type: none"> How to orient new or transferred employees to their workstation How to identify common workstation hazards How to properly adjust and optimize current furnishing and accessories How to build in adaptability to fit the majority of workers How to evaluate and select accessories for at-risk employees What to look for in products and vendors How to measure success



Course runs from 8AM to 4PM.
All participants receive a certificate of completion along with course manual and assessment tools.

Registration Form: (Fax to 1-604-247-0024)

Name: _____ Company: _____
 Address: _____ Phone: _____
 _____ Fax: _____
 _____ Email: _____

- Vancouver** \$325 before October 30, 2011 \$395 after October 30, 2011
Saskatoon \$325 before January 9, 2012 \$395 after January 9, 2012
Vancouver \$325 before January 15, 2012 \$395 after January 15, 2012
Edmonton \$325 before March 7, 2012 \$395 after March 7, 2012

Method of Payment: Payment by Visa, MasterCard or cheque must be received prior to course date to secure a spot in the workshop. Early bird payments must be received by cut-off date to qualify. Invoicing is available with provision of purchase order number.

Cancellation Policy

- Cancellations six to ten business days prior will be refunded at 75%
- Cancellations five full business days prior will NOT be refunded.

Please invoice me with the following Purchase Order #: _____ **OR,**

Visa or MasterCard Card #: _____ Expiry Date: _____

Name on Card: _____

For internal use only	Date Received:	Confirmation Sent:	
-----------------------	----------------	--------------------	--