



Registration Agreement

Participant's Name: _____

Title: _____

Organization: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Billing Address: _____

(If different from above)

Webinar Title: Complying with the OSHA COVID Vaccine Mandate

Webinar Date: November 11, 2021

*Once your registration has been processed, you will receive Zoom information to dial in/participate.

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Cancellation Policy:

Requests for cancellations or substitutions will be honored if they are received seven (7) days prior to the beginning of the seminar. The person(s) may be registered for another webinar session or other names may be substituted; otherwise, the company will be billed for the full amount of the webinar.

Complete and return to:

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