

**Society of Philippine Electrotechnical Constructors & Suppliers, Inc.**

***WE CORDIALLY INVITES YOU***

(Safety Manager, Safety Officer, Safety Engineer, General Manager, Project Engineer, Technical Head Supevisor, Supervisor)

***TO ATTEND THE ADVANCE SAFETY TRAINING***

**ON**

**LOSS CONTROL MANAGEMENT (LCM) COURSE (40 hrs)**

**Advanced OSH for SO3/SO4**

*As prescribed by the Bureau of Working Conditions of the Department of Labor & Employment (DOLE) for Occupational Safety & Health Practitioners.*

**A 40-HOUR DOLE ACCREDITED LOSS CONTROL MANAGEMENT TRAINING COURSE IS PART OF THE REQUIREMENT TO BE QUALIFIED AS SAFETY PRACTITIONER “SO3”/”SO4”**

REGISTER NOW!!!

LEARN TO BE SAFE EVERYWHERE

**Venue : 3rd Floor E. Virata Hall (ISSI)**

**Emilio Jacinto Street**

**UP Diliman, Quezon City**

**Date**  : April 2, 3, 4 & 5, 2019

**Time**  : 7:00 a.m. - 6:00 p.m.

**Registration Fee** : PHP 8,500.00

**Mode of Payment** : CASH – On Site

Check (Make checks payable to SPECS – if deposited to BDO)

* Registration fee includes seminar materials (hand-outs), **Certificate from DOLE Accredited Consultancy Firm**, Certificate of Attendance, overflowing coffee, AM & PM Snacks & Lunch.
* To register, please fill-up the registration form below and forward to **SPECS Secretariat** thru email [**specsphils.68@gmail.com**](mailto:specsphils.68@gmail.com)**. And for further inquiries,** **call up 413-0994 & 722-4725 or text us at Globe No. 0917-931-1009 & Smart No. 0928-461-7470.**

✂ ---------------------------------------------------------------------------------------------------------------------------**(PLEASE PRINT and email back this form at specsphils.68@gmail.com)**

#### REGISTRATION FORM

GIVEN NAME M.I SURNAME Designation

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

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

Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: This form can be reproduced. Please see the attached course outline for your reference.***