

## Work Group Registration

Please select one of the following work groups to participate in at the National Assessment of the Worker Protection Program, Workshop #3. Every effort will be made to place each participant in their selected workgroup.

Enforcement

Training

Communications

Pesticide Worker Safety Programs Consolidation

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

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please return this form along with the registration form to:*

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Fax (703) 922-7780 • E-mail: [mmagnini@bellatlantic.net](mailto:mmagnini@bellatlantic.net)