

# STARK COUNTY SAFETY COUNCIL MONTHLY LUNCHEON SERIES

## 2015 SAFETY, HEALTH & HUMAN RESOURCE FAIR



THURSDAY, SEPT 10

11 AM - 1 PM

Meyers Lake Ballroom  
3218 Parkway NW  
Canton, Ohio 44708

WIN \$250

### Products & Services at the Fair include:

Ergonomic products ★ Health and medical services ★ Health insurance reps  
Industrial hygiene testing and laboratories ★ Legal ★ Managed care organizations  
Occupational safety and health consulting ★ Rehabilitation and wellness services  
Safety equipment and services ★ Staffing agencies ★ Third-party administrators  
Training ★ Wellness ★ And More!

### Who Should Attend:

- Company owners, presidents and CEOs ★ Safety, health and risk managers
- Human resource managers and staff ★ Benefits managers
- Safety officers and committee members ★ Loss prevention and control managers
- ★ Workers' compensation managers and directors
- ★ Anyone who wants the highest standards of health and safety within the workplace

This session counts towards a meeting requirement for your Ohio Bureau of Workers' Compensation discount. Sign-in sheets will be available.

For reservations, call (330) 458-2070, register online at [www.starkcountysafetycouncil.org](http://www.starkcountysafetycouncil.org), or complete the form and mail to the address below or fax it to (330) 456-0123. REGISTRATION DEADLINE IS TUESDAY, SEPTEMBER 8 RESERVATIONS ARE NECESSARY UNLESS YOU ARE A SEASON PASS HOLDER.

*The Stark County Safety Council is administered locally by the Canton Regional Chamber of Commerce and the Ohio Bureau of Workers' Compensation Division of Safety and Hygiene.*

#### Stark County Safety Council Safety Fair

9/10/2015 - Meyers Lake Ballroom, Canton

Make payable & mail to:

Canton Regional Chamber of Commerce  
222 Market Ave., N., Canton, OH 44702

Please make \_\_\_\_\_ reservations at \$16 per person. Amount enclosed: \_\_\_\_\_

Payment Options:  Please bill my credit card (circle one)  Check enclosed  
MasterCard VISA AmEx Discover 3 digit # \_\_\_\_\_

CC#: \_\_\_\_\_ Expires: \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Attendees: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Payment due in advance or at the door. Reservation cancellations received less than 48 hours prior to the event will be billed accordingly.\*

