



**REGISTRATION**  
**2024 OSHA Virtual Training**  
**Monday, September 16, 2024**  
**4:30 - 5:30 pm**  
**RSVP by September 10, 2024**

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

License #: \_\_\_\_\_

Firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I am a RIFDA Member.

The 2024 RIFDA Virtual OSHA Training is free of charge for RIFDA members.

\_\_\_\_\_ I am a **Non-member and will include my check for \$50** for the 2024 RIFDA Virtual OSHA training.

Please make checks payable to RIFDA.

Please return form with check (if applicable) by mail to:  
RIFDA, P.O. Box 1223, East Greenwich, RI 02818  
Fax: (401) 885-7090  
Email: [RIFDA1@aol.com](mailto:RIFDA1@aol.com)