



NFADA SAFE T FIRST TRAINING

Dates/Times: All classes begin @ 1:00 – check each class below

Place: NFADA Conference Room
1144 Wehrle Dr., Williamsville, NY 14221

Return Form To: Fax to Ken Fronckowiak at NFADA, 631-0759, or e-mail ken@nfada.com

Training is provided by NFADA for Safe T First members, fee is included in membership services.
Class is approximately 3 hours. *Beverages will be provided.*

Please Print or type names of persons attending: **Please use a separate form for each date**

Desired Date of attendance (Please place a checkmark on the line)

- | | |
|--|---|
| <p>_____ Tuesday, Jan 21 – 1:00</p> <p>_____ Tuesday, Feb 18 – 1:00</p> <p>_____ Tuesday, March 17 – 1:00</p> <p>_____ Tuesday, April 14 – 1:00</p> <p>_____ Tuesday, May 19 – 1:00</p> <p>_____ Tuesday, June 16 – 1:00</p> | <p>_____ Tuesday, July 21 – 1:00</p> <p>_____ Tuesday, Aug 18 – 1:00</p> <p>_____ Tuesday, Sept 22 – 1:00</p> <p>_____ Tuesday, Oct 20 – 1:00</p> <p>_____ Tuesday, Nov 17 – 1:00</p> <p>_____ Tuesday, Dec 15 – 1:00</p> |
|--|---|

Attendee(s):

Please check the box next to the name if attendee is **only** attending **Sexual Harassment Prevention Training**

- | | |
|---|--|
| <p>1 _____ <input type="checkbox"/></p> <p>2 _____ <input type="checkbox"/></p> <p>3 _____ <input type="checkbox"/></p> <p>4 _____ <input type="checkbox"/></p> <p>5 _____ <input type="checkbox"/></p> <p>6 _____ <input type="checkbox"/></p> | <p>7 _____ <input type="checkbox"/></p> <p>8 _____ <input type="checkbox"/></p> <p>9 _____ <input type="checkbox"/></p> <p>10 _____ <input type="checkbox"/></p> <p>11 _____ <input type="checkbox"/></p> <p>12 _____ <input type="checkbox"/></p> |
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NOTE: BE SURE TO INCLUDE ALL INFORMATION BELOW SO WE CAN CONTACT YOU IN THE EVENT OF A CANCELLATION!

Dealership: _____ **Phone #:** _____

Contact Name: _____ **Email:** _____

Fax form to: Ken Fronckowiak at NFADA, 631-0759, or e-mail list to ken@nfada.com