

2020 Survival Series programs are sponsored by



OSHA-Improving Workplace Safety & Health

Survival Series 2020

Date: Thursday, January 16, 2020
Time: 8:30 am—10:30 am
Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Topic will cover:

- Overview of OSHA and...
- Discuss a variety of workplace hazards and OSHA regulations with an emphasis on outpatient medical settings
- Explain the NYS DOL's On-Site Consultation Program and the benefits of using the program

PRESENTER:

Alexander Grigorenko
Senior Safety & Health Consultant
New York State Department of Labor
On-Site Consultation Program



He began working for the New York State Department of Labor in 2010. In 2015, he transferred from the NYS DOL's Unemployment Insurance Division to the NYS DOL's Division of Safety and Health. In 2017, he was promoted from Safety and Health Inspector to Senior Safety and Health Consultant.

Program Registration Fees
MCMS & 7th District Member:
\$35 per office (unlimited staff) or \$50 per office non-member
For more information:
Call (585) 473-7573 or mlepree@mcms.org

OSHA-Improving Workplace Safety & Health, January 16, 2020

Online registration is available at www.mcms.org

Name(s): _____
Practice Name: _____
Phone Number: _____ E-mail: _____

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Registration Fees: MCMS and 7th District Member: \$35 per office Non-member: \$50 per office

*Note to Non-members: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$ _____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt. Please bill my credit card \$ _____

Cardholder Name: _____ Card Number: _____
Exp. Date: _____ Verification Code: _____ Address associated with card: _____
Zip: _____ Signature: _____

Send completed form and payment to:
Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618 Fax: (585) 473-7641 Email: mlepree@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Melinda McGinnis- LePree at mlepree@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact mlepree@mcms.org or at 585-473-7573.