



## Training Program Registration

*Thank you for your interest in the Feedyard 15 training program. Please complete the form to register your company to participate.*

*By registering, you understand that you will need to share demographic and workers' compensation data. You will also need to submit training logs and other materials so that we can track your company and your team's progress in our program.*

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred contact method  Phone  Email  Mail  Other \_\_\_\_\_

Number of workers \_\_\_\_\_ Frequency of safety training \_\_\_\_\_

What is the registered capacity of your feedyard? \_\_\_\_\_

Who (name or position title) will be delivering the Feedyard 15 content?

\_\_\_\_\_

In what languages will you deliver Feedyard 15 modules? (Please check all that apply)

English  Spanish  Other language(s) \_\_\_\_\_

When do you anticipate starting to deliver Feedyard 15 modules? \_\_\_\_\_

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**Please return registration form to:**

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