

**ENGINEERING & GENERAL CONTRACTORS ASSN.**  
P.O. BOX 81798, SAN DIEGO, CALIFORNIA 92138-1798 619-692-0760 FAX: 619-692-0839

**EGCA/NUCA  
CONFINED SPACES SEMINAR**



**PURPOSE OF THE PROGRAM:** The Confined Spaces program is intended to provide construction managers, qualified and competent persons, with the basic information regarding entry into confined spaces. Its purpose is to create an awareness of the hazards associated with confined spaces and provide basic information necessary to establish a confined-space entry program. The content of the program includes developing a confined-space entry permit program, planning for confined-space entry, identifying hazards and how they occur, and learning emergency rescue procedures, respiratory protection techniques, and important definitions.

The program will be taught by EGCA/NUCA member Eli Mendoza. Eli is a NUCA trained instructor.

OSHA requires all contractors to provide training to their employees who work in excavations or confined spaces. Successful participants in this seminar will receive a certificate indicating that they have satisfactorily completed a Confined Spaces Training program.

**DATE:** Saturday, July 19, 2008

**PLACE:** Smart Safety Group  
2535 Camino del Rio South Ste 125  
San Diego, California 92108

**TIME:** 7:30 A.M. to approximately 1:30

**COST:** EGCA Members \$200.00 Non-Members \$235.00

- Cost includes materials, snack, and Certificate of Completion
- Non-Members must submit payment at time of reservation

Advanced Reservations Required - Walk-Ins NOT Accepted.

\*Cancellations must be received 7 days prior to class date to avoid full registration charges.

If you would like to attend this program, please fill out the form below and either mail to the address above or fax to the EGCA Office (619) 692-0839- Questions - Call (619) 692-0760  
EGCA Mailing address: P.O. Box 81798, San Diego, CA 92138-1798

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(Return To EGCA – Confined Space Training 07/19/08)

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

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

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Check Enclosed For: \$ \_\_\_\_\_ Bill Me:  EGCA Members only \_\_\_\_\_

Master Card or VISA Payment: \_\_\_\_\_

A/C # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(include the 3 or 4 digit typed number on the back of the card)** \_\_\_\_\_

Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_