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our INVITATION to you



Indiana Chapter of the National Tooling and Machining Association and Federated Insurance are working hand in hand to bring you a seminar you won't want to miss...

Designated Risk Manager Training Seminar



Join us for a one-day seminar, July 15, 2009, in Indianapolis, IN, which will cover these important topics:

PROGRAM AGENDA

- Machining & Tooling- Your Losses vs. the Industry
- Designate a Risk Manager
- MVRs – *Making the Tough Call*
- Distracted Driving – *At What Cost?*
- Hiring Practices – *The Faces of Your Business*
- Risk Management for Machining & Tooling Operations
- Business Planning – The Ultimate Risk Management
- Emergency Preparedness

Includes 3-year loss analysis for your company!

See other side for registration details.

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Designated Risk Manager Training Seminar REGISTRATION INFORMATION & PROGRAM DETAILS

*Indianapolis Marriott North
3645 River Crossing Parkway
Indianapolis, IN 46240
(317) 705-0000*



Contact Info
*Troy Nix- (317) 913-2440
Jon Medo- (317) 432-3325*

- Seminar will be from 8:00 a.m. to 4:00 p.m, July 15, 2009.
- Your company will be responsible for any travel and lodging expenses.
- * **Cost is \$50 per attendee & is payable to INTMA, 7321 Shadeland Station, Suite 285, Indianapolis, IN 46256.**
- Lunch will be provided.
- Reservations are on a first come, first served basis and space is limited! *Please do not make any travel arrangements until you receive enrollment confirmation from Federated Insurance.*
- **Provide a copy of your firm's authentic loss history** (3-5 years). Your class materials will include a computerized loss analysis for your use.
- Fill in the registration information and **MAIL or FAX no later than June 8th, 2009 to:**
Jina Duchnowski C104 • Federated Insurance • PO Box 328 • Owatonna, MN 55060
FAX: 507-455-7840

REPLY FORM

Federated Insurance Designated Risk Manager Training Program
IN NTMA • July 15, 2009

____ **YES!** We are interested in participating in the July 15th Federated Insurance Designated Risk Manager Training Program. The following person, responsible for risk management/safety in our company, will be attending.

PLEASE PRINT:

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ FAX: (_____) _____

E-mail address _____

Participating company is responsible for all travel and lodging expenses. Company consents to publication of photos and participant and company names for use in advertising and promotional materials at Federated's discretion.

Authorized Signature: _____