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**CALIFORNIA & FEDERAL LABOR & EMPLOYMENT LAWS
 FOR FARM LABOR CONTRACTORS**

Approved by the Labor Commissioner as
 Satisfying The Eight Hour Continuing Education Requirement

*THREE CLASSES IN 2010
 Given in English*

<p><u>Paso Robles</u> <u>Wednesday, March 3, 2010</u> All day Breakfast & lunch included</p> <p><i>Culinary Arts Academy 1900 Golden Hill Road Paso Robles, CA 93447</i></p>	<p><u>Santa Maria</u> <u>Wednesday, June 30, 2010</u> All day Breakfast & lunch included</p> <p><i>Santa Maria Terrace 1405 East Main Street Santa Maria, CA 93454</i></p>	<p><u>Guadalupe</u> <u>Wednesday, October 20, 2010</u> All day Breakfast & lunch included</p> <p><i>Far Western Tavern 899 Guadalupe Street Guadalupe, Ca 93434</i></p>
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Training Topics

Farm Labor Contractor Licensing
 Cal/OSHA Safety Requirements
 Workers' Compensation Insurance
 Wage & Hour Standards
 Farm Worker Transportation & Housing
 Agricultural Labor Relations Act
 Sexual Harassment in the Workplace

Renewal Questions

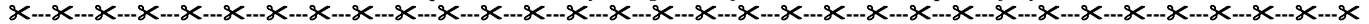
For questions regarding renewal of your license and your continuing education hour requirements, please contact the DLSE at (559) 248-1893 or (415) 703-4854. The DLSE will review your file and answer specific questions regarding your license.

License holders must present their FLC license on the day of the class to receive a Certificate of Completion.

Class Information

Registration will begin at 7:30 AM. Classes will be held from 8:00 AM to 5:00 PM. Attendees must arrive in time to register for the class. Attendees who arrive after the start of class will not receive the 8 hours of continuing education credit. Your registration fees include course material, breakfast, lunch, refreshment breaks, and course certificate.

Detach and return the portion below with your registration fee and retain the above portion for your records



**2010 CLASSES
 REGISTRATION FORM**

COURSE DATE YOU WILL ATTEND: March 3, 2010; June 30, 2010; October 20, 2010

NAME # 1: _____ NAME # 2: _____
Please print *Please print*

COMPANY: _____ STATE LICENSE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____

FEE: NON-MEMBER: \$200 = \$ _____

ASSOCIATION MEMBER: \$100 = \$ _____

TOTAL REGISTRATION FEE ENCLOSED: = \$ _____

**Make checks payable to the "Grower-Shipper Association"
 Return the form and registration fee to P.O. Box 10, Guadalupe, CA 93434**