



# ENG/SNG/CNG Safety Newsletter

Order Form for ENG/SNG/CNG Professionals

Ten feet is the rule! Live by it!!! Maintain at least a 10 foot distance from ALL power lines!

## Form can be scanned/mailed or faxed

Fax to: 781-394-0762 - No cover sheet needed.

Scan & email this form to [safety@ENGsafety.com](mailto:safety@ENGsafety.com)

Email the relevant information from this form, or as a Word doc or PDF, to [safety@ENGsafety.com](mailto:safety@ENGsafety.com)

### Person filling out this form:

Subscriber Name: \_\_\_\_\_

Title: \_\_\_\_\_

Station: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### Optional Survey:

- 1) How many people work at your station? \_\_\_\_\_
- 2) How many are in the news department? \_\_\_\_\_
- 3) Will all receive the newsletter? (yes) (no) (news only)
- 4) What is your present safety education program?
  - a) Peer to peer education.
  - b) Manager to employee education.
  - c) AFLAC manual styled.
  - d) Crew Chief education.
- 5) What subjects do you feel are important for the newsletter to cover? \_\_\_\_\_

### Publication desired: Please check off all that apply.

- ENG Safety Newsletter Subscription - 1 year - \$195.00
- Past Issue - Month/Year - \$10.00 \_\_\_\_\_
- Multiple Issues - (Month/Year) - \$10/per issue: \_\_\_\_\_

- 6) Have you visited the [ENGsafety.com](http://ENGsafety.com) website and looked through the pictures, articles, papers and other information, such as links and videos? (yes) (no)
- 7) How many ENG trucks do you have on the road? \_\_\_\_\_
- 8) How many SNG trucks do you have on the road? \_\_\_\_\_
- 9) How many CNG units do you have & use for CNG? \_\_\_\_\_
- 10) Additional comments/suggestions: \_\_\_\_\_

*(Already a subscriber? Price is reduced to \$5/issue.)*

**Payment Information:** Checks, POs, MC, Visa, Discover, Amex and PayPal are accepted. Once your credit card payment is processed we'll send you a payment receipt.

### Please circle payment method below:

MC Visa Discover Amex PayPal Check PO #

Credit card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ CVV # \_\_\_\_\_ Billing zip: \_\_\_\_\_

Signature: \_\_\_\_\_

