

# RYSKLESS

Take your hardhat  
off for a moment  
and let's learn  
together.



Expert Lead Live Session

## Safety Development Week

### Dates:

February 16th- 20th 2026

### Specific Dates/Times:

OSHA 10 (talent)

Mon (8:00 am – 4:30 pm)

Tue (8:00 am – 11:30 am)

OSHA 30 (supervision)

Mon – Thu (8:00 am – 4:30 pm)

American Red Cross (Friday)

Class 1: 8:00 am to 12:00 pm

Class 2: 1:00 pm to 4:00 pm

### Where:

ABC HQ

5001 N. Shadeland Ave

Indianapolis, IN 46226

LGI Room

### What you get?

Accredited Certifications

Meet pre-qualification requirements for clients Build competency in construction hazard recognition and mitigation methods

Preparation for supervisory positions and growth Meet and have fun conversation with fellow craft professionals and industry leaders with different insights

### What is offered this week?

OSHA 10-hour (OSHA recommended refresher 5 years)

OSHA 30-hour (OSHA recommended refresher 5 years)

Adult First Aid, CPR, AED (cert valid for 2 years)

Blood borne Pathogens (cert valid for 1 year)

### Per request:

Pediatric or Child First Aid, CPR, AED + more (great company culture - family safety/health training)

### Email:

[Angela@abcindianakentucky.org](mailto:Angela@abcindianakentucky.org)

[Solutions@ryskless.com](mailto:Solutions@ryskless.com)

See Registration Forms →



# RYSKLESS

# Registration Form

Register by completing the registration & Payment authorization form

E-mailing to: [Angela@abcindianakentucky.org](mailto:Angela@abcindianakentucky.org)

Call 317-596-4950 x 103 if paying over the phone

**Cost:** (per attendee)

ABC Members

Non-Members

\$349 (OSHA 10)

\$449 (OSHA 10)

\$599 (OSHA 30)

\$699 (OSHA 30)

**TOTAL:**

\$130 (First Aid CPR AED)

\$150 (First Aid CPR AED)

*\*Please add non-member fees*

\$15 (Bloodborne Pathogens)

\$25 (Bloodborne Pathogens)

**Company Name and Address:**

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**Attendee Full Name:** (check all that apply) OSHA 10 OSHA 30 First Aid/CPR/AED BBP

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Please provide feedback if there are any other environmental, health, or safety courses you would like to see be offered throughout the year. Examples: Competent person level, equipment operator, emergency response & rescue, DOT & driver safety, other specialties, other hazard awareness, OSHA investigation & litigation preparation.

# Authorization Payment Form

Register by completing the registration and Payment authorization form

E-mailing to: [Angela@abcindianakentucky.org](mailto:Angela@abcindianakentucky.org)

Call 317-596-4950 x 103 if paying over the phone

## Total Investment Amount:

### Cost Includes:

*\*Please add non-member fees*

Expert OSHA Instructors  
Snacks  
Beverages  
Accredited Certifications  
Administrative costs

Climate controlled classroom environment  
Practical evaluation area/tools/equipment  
Detailed development week rosters  
Restrooms  
All other training material needed for the

## CREDIT CARD AUTHORIZATION CONSENT (check if one-time use)

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled or expires.

Select Card Type:

Card Number: \_\_\_\_\_

Expires: \_\_\_\_\_ 3-digit CVV \_\_\_\_\_ Card Holder's Billing Zip Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_, authorize ABC of Indiana/Kentucky, to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Refunds are given only if cancelation received by **September 16, 2025**. Thank you for your understanding!

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email receipt to: \_\_\_\_\_

Check if sending check payable to:

ABC of Indiana/Kentucky  
5001 North Shadeland Avenue  
Indianapolis, IN 46226