LEAD SAFE Building Maintenance Practices

One-Day Training for Contractors, Property Owners and Homeowners

HUD Approved • Satisfies NJ mandated property maintenance code requirements for Lead Safe Building Maintenance Practices • Critical information for the 'do-it-yourself' handyman.

Property Owners – Learn to Live Safely with Lead-based Paint

If you perform maintenance or repair work on your own home, there are important work practices you need to know to work safely with lead-based paint. If you are a multiple dwelling owner, this training will satisfy the Lead-safe building maintenance requirements under the New Jersey Multiple Dwelling Property Maintenance Code (NJAC 5:10) which requires all persons, including property owners, contractors and maintenance staff who perform work on pre-1978 housing become certified in Lead Safe Building Maintenance Practices (LSBMP).

Sponsored by

Southern NJ Perinatal Cooperative with funding from the NJ Department of Community Affairs/Lead Education and Outreach Program

Presented by

LEW Corporation

For more information

Debi Asselta **856.665.6000**

Bonus Features

Continental Breakfast and Lunch included

Participants receive complimentary carpenter's apron

Certificate of Completion for those who complete session and pass course test.

3 Options to Choose

June 11, 2009

8:30am – 4:00pm Cape Regional Medical Ctr Conference Room 3 & 4 2 Stone Harbor Boulevard Cape May Court House, NJ 08210

June 17, 2009

8:30am – 4:00pm Lourdes Medical Center Burlington County- Landau Conf Room 218 Sunset Rd Willingboro, NJ, 08046

June 23, 2009

8:30am – 4:00pm Gloucester Cnty Community College, Health Science Building – Room 500 1400 Tanyard Sewell NJ 08080

Registration

By Phone: 1.888.722.2903

By Fax:

856.665.7711

By Mail: SNJPC 2500 McClellan Avenue Suite 250 Pennsauken, NJ 08109

By Internet

visit www.snjpc.org click on paint brush

Space	is	limited.	Hurry.
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REGISTRATION FORM: Lead Safe Buil	lding Maintena	nce Practices
Check preferred session: \Box June 11	☐ June 17	☐June 23

Name:			
Address:			
City:	State:	Zip:	
Company or Organization:			
Phono:	Email		