

tmta talk

A publication of the Tooling, Manufacturing & Technologies Association



FROM ROB'S ROOST
BY ROB DUMONT
PRESIDENT & CEO

We the People...

The "Rob's Roost" article in last month's TMTA Talk by Peter Morici, economics professor at the Robert H. Smith School of Business at the University of Maryland pretty well defined the issues the TMTA addresses on a regular basis in Washington.

Efforts in that regard have, of late, been stalled by the just concluded and, no doubt, soon to be repeated media circus on the Hill centered about the Debt Ceiling. As we all can clearly see, the Debt Ceiling debates had little to do with the good of the country and much ado (unfortunately not adieu) about politics, political posturing and, dare I suggest...childish tantrum. For the sake of certainty, my observations apply equally to both parties and independents (however rare the later are)! A pox on all their houses!



If any of us had "in house staff" that carried on in like manner, I have every confidence the individual(s) would promptly be shown the door (perhaps with the admonition "don't let it hit you on the way out)! Come to think of it, they are our staff (outhouse might more appropriately describe a proper venue for them) and, as they

are clearly not getting "any job" much less "the job" done come November 2012, regardless of their political affiliation or stripe...they should indeed be shown the door. That is, in my view, the only viable and effective way to deliver the message understandably to those who survive the purge as well as to those who replace the purged, that they are there to serve their constituents and the good of the Country and, they had best do that!

So much for venting!

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tmta Calendar of Events

August 2011

17	TMTA Board of Directors meets at TMTA offices
9/5	Labor Day Federal Holiday TMTA offices closed

Visit www.thetmta.com for detailed, up-to-date information on all events.



Have You Been a Victim of Insurance Fraud?

Health care fraud is serious business in the U.S. The national amount lost to health care fraud is conservatively estimated to be between 3 and 10% of overall health care spending or between \$68 and \$226 billion annually. Health care fraud translates into higher premiums and copayments for consumers and reduced benefits and coverage. Fraud also hurts employers by driving up the cost of providing benefits to employees.

BCBSM became the first insurer in the U.S. to launch its own health care fraud investigations unit in July 1980. Since then, they've had a recovery/cost savings amount of \$289,725,674.32 and referred 3,857 cases to law enforcement with a total of 2,298 convictions. Health care fraud is a felony under Michigan's Health Care False Claims Act, punishable by up to four years in prison, a \$50,000 fine and loss of health insurance. It is also a federal criminal offense under the Health Insurance Portability and Accountability Act (HIPAA).

Common examples of health care fraud are:

- Using an expired or fraudulent health identification (ID) card to obtain medical services or medications;
- Lending a health ID card to someone who is not entitled to it;
- Adding someone who is not eligible for coverage to a subscriber's contract;
- Providers who bill for services never rendered;
- Performing medically unnecessary services to receive payment from insurers;
- Billing for more expensive services or procedures than were actually provided; or
- Accepting kickbacks for patient referrals.

What can you do? Check your Explanation of Benefits (EOB) payment statements to ensure that the information contained is correct. Your EOB includes the name of the person receiving a service, what service was rendered, the date of the service, and the name of the health care provider billing for the service. If you see an EOB with incorrect information, it not only means that the Blues may be paying for services you didn't receive, but you may become a passive victim of health care fraud. If an

erroneous billing is left unchallenged, you could be held responsible for copayments and deductibles. And these charges can be turned over to a collection agency and be reported on your credit report if left unpaid.

Here are a few tips to help you protect your health information:

Don't divulge information. Treat your insurance cards like credit cards and don't give out information to solicitors.

Ask questions. Ask your doctor about the costs for the services, tests or treatments you receive and why they are being administered.

Nothing is free. Beware of any offer for a "free" service. Often there are other charges for services you didn't actually receive.

Beware of "copayment waiver." Dishonest health care providers may bill for inflated costs when they waive your copayment.

Get a second opinion. If the service, treatment or test seems unreasonable, get a second opinion before rushing into something.

Keep track of medical visits. Be vigilant and keep track of all your doctor appointments, tests and procedures. If the services listed on your EOB statements don't match your records, immediately contact your insurance company.

The Blues' anti-fraud hot lines receive more than 2,000 calls per month. Approximately 30% of these calls result in an investigation by their fraud unit and the remainder are referred for administrative follow-up.

To report possible health fraud, call the BCBSM Anti-Fraud Hot Line at 1-800-482-3787. To report Medicare fraud, call 1-888-650-8136. You can report fraud online through the BCBSM websites at bcbsm.com or MiBCN.com. The websites also contain an anti-fraud complaint report you can print out, complete and mail to BCBSM.

How to Recognize a Drowning Person

As the dog days of summer are upon us, more people are taking to the water. According to the CDC, about ten people die every day from unintentional drowning. Of these, two are children aged 14 or younger. Drowning is the sixth leading cause of unintentional injury death for people of all ages and the second leading cause of death for children ages 1 to 14 years.

Of the approximately 750 children who will drown this year, about 375 of them will do so within 25 yards of a parent or other adult. In ten percent of those drowning, the

adult will actually watch them drown having no idea it is happening. In fact, most people cannot identify a drowning person. How can this be? We've all seen the drowning person on TV and in the movies: arms flailing, splashing about, and yelling for help. In reality, drowning is most often quick and unspectacular.

Once a person in the water gets into trouble, you only have about 30 to 60 seconds to react and rescue the person before he/she goes under. Drowning occurs quickly. The larynx goes into spasms shutting off airflow and thus oxygen and leading to cardiac arrest. Therefore, if you work or play near water, you need to recognize the signs of a drowning person.

The Instinctive Drowning Response, named by Francesco A. Pia, Ph.D., identifies what people do to avoid actual or perceived suffocation in the water and it is used by lifeguards worldwide. Dr. Pia describes the following:

Except in rare circumstances, drowning people are physiologically unable to call out for help. The respiratory system was designed for breathing; speech is a secondary function. Breathing must be fulfilled before speech can occur. As he/she sinks below and reappears above the surface of the water, a drowning person will exhale and inhale quickly. People instinctively try to keep what air is in their lungs and lack the time to scream while gasping for air.

Drowning people cannot wave for help. Nature instinctively forces them to extend their arms laterally and press down on the water's surface in order to leverage their bodies so they can lift their mouths out of the water to breathe. Drowning people cannot voluntarily control their arm movements. Physiologically, they cannot stop drowning and perform voluntary movements such as waving for help, moving toward a rescuer or reaching out for a piece of rescue equipment.

From beginning to end, the drowning person's body remains upright in the water, with no evidence of a supporting kick. Unless rescued by a trained lifeguard, this person can only struggle on the surface of the water for 20 to 60 seconds before submersion occurs. Once depleted, the lack of air results in the drowning person becoming unconscious and combined with cardiac arrest due to the chemical changes water in the lungs causes, the movement of oxygen to the brain will cease and brain damage and/or death occurs.

Look for these other signs of drowning:

- Head low in the water, mouth at water level
- Head tilted back with mouth open
- Head bobbing up & down in the water with decreasing

frequency and/or disappearing

- Eyes glassy and empty, unable to focus
- Eyes closed or open wide, fear evident on the face
- Not using legs—vertical in the water
- Hyperventilating or gasping
- Trying to swim in a particular direction but not making headway
- Trying to roll over on the back to float
- Appear to be climbing an invisible ladder
- Uncontrollable movement of arms & legs, rarely out of the water

Delayed drowning is another water danger. In this case, a person has a "near-drowning" incident where he/she has taken in water but appears to be OK. Death can occur hours later as a result of water aspirated into the lungs. Symptoms of delayed drowning include: difficulty breathing; coughing; a blue tint to the skin; pain in the chest; loss of bowel or bladder control; confusion; and lethargy. If any of these symptoms occur after accidentally ingesting water, the person should immediately seek medical attention as the only effective treatment is removal of the water from the lungs and resupplying oxygen.

What should you do if you suspect a person is drowning? Don't hesitate and don't worry about looking foolish. Remember, a drowning person only has seconds to be rescued and it is better to be safe than sorry. If there is a lifeguard or other persons on the beach, attract as much attention as you can. Dial 9-1-1 or instruct someone nearby to make the call. No matter how tempted you are, always remember: do not get into the water unless you have been trained in how to safely perform an in-water rescue. If you are not trained, there is a high probability that you'll end up a victim yourself. If the drowning person is close enough, grab a long stick for him/her to grab onto or throw something that floats to the person.

How can drowning be prevented? Know the local weather conditions and forecast before swimming or boating. Make sure children are supervised by an adult who knows how to swim and will pay attention to them in and around the water. Swim with a buddy or choose a location with a lifeguard on duty. Make sure you and the people with you know how to swim. Learn cardiopulmonary resuscitation (CPR). Use U.S. Coast Guard approved life jackets when boating regardless of distance to be traveled, size of boat or swimming ability of boaters. Do not use air-filled or foam toys such as water wings, noodles or inner-tubes in place of life jackets. Watch for dangerous waves and signs of rip currents. (If you are caught in a rip current, swim parallel to shore until you are free of the current before attempting to swim to shore.) Avoid alcohol when engaging in water related activities.

Eight Steps to Controlling Workers Compensation Costs in Your Company

from: *Harleysville Insurance*
written by: *Thomas Lynch*



Many companies have recognized a basic truth about workers compensation: that the worksite is the best place to control losses, and that they, as employers, have the maximum leverage to lower losses. These employers no longer try to hand the problem off to their legislators, their insurers or their attorneys; instead, they manage workers compensation as a controllable expense. This fundamental shift in attitude empowers employers to take charge of workers compensation.

How have they done this? What are the key steps foresighted employers take? After more than 25 years of assisting many of America's leading corporations as they struggled with this issue, I've concluded that there are eight essential strategies that help savvy employers turn workers compensation liabilities into assets. The principles are simple, founded on basic human values. They involve a concrete action plan and sound management. More important, they work.

Step 1 – Make a commitment

As with any major corporate endeavor, commitment starts at the top. Make sure that workers compensation is afforded priority status throughout the organization. Set realistic and attainable goals, and communicate them to the organization from the top down.

If you approach injury management simply as the "idea of the month," you will certainly fail. Commitment involves building safety and injury management into the very fabric of your organization. You should never lose sight of your goals. And you should never compromise your commitment to safety by drifting toward expedient, short-term objectives that place production quotas above the safety of your people.

Step 2 – Focus on reducing lost time

Chances are, your company has been working to create a safe working environment. That's good. Safety is essential in controlling workers compensation costs, but it's only half the equation. Good safety programs have a positive effect on the frequency of injuries, but the best safety program in the world will not eliminate all accidents. People being human, injuries will happen. Try as we all do, work conditions change and we make mistakes. To really attack workers compensation costs, you need to focus on reducing severity: the length of time injured em-

ployees stay out of work. Severity is the real cost driver in workers compensation. Every day that an employee is off the job costs you money.

When your machines break, you fix them immediately. Think of something as simple and common as a department's copier. When you purchased or leased that machine, you insisted that prompt maintenance or even replacement was part of the deal. An out-of-order copier slows production. You need to do the same for your most important resource, your employees. So your goal must be to keep days away from work to an absolute minimum. You need to focus, laser-like, on the goal of returning every injured employee to work, through modified or transitional duty if needed, and to the original job as quickly as possible. That's good for you and it's also good for the employee.

Step 3 – Develop an injury action plan

Many employers think that when an injury occurs, responsibility for getting the injured worker back to work shifts to the claims adjuster. Nothing could be further from the truth, and it is this basic misunderstanding that causes many claims to deteriorate with oftentimes tragic consequences for both worker and employer.

The claims adjuster's job is to determine compensability, coordinate benefits, follow the law and work within it and the workers compensation insurance contract to resolve the claim satisfactorily. And while adjusters play a vital role in the process, they can never be your human resources director.

Misunderstanding the role of the adjuster creates an atmosphere in which injured employees are left to drift, groping their way through a quagmire of medical services, uncertain benefits and a cloudy future. In fact, a truism in workers compensation is, "When a claim goes south, costs go north." As the employer, you need to structure a clearly defined path from the moment of injury through early return to work back to full employment. What you do or don't do in the first few hours after an injury has a significant impact on your ultimate costs.

Employers need to create a turnkey action plan—a clear set of policies, procedures and expectations with supporting tools and documentation.

The plan must include a way to stay in continuous contact with injured workers throughout the recovery process, keeping employees connected to your organization and motivated to return to work.

Step 4 – Establish a relationship with a high-quality medical provider

A close relationship with medical providers of exceptional quality who understand work-related injuries is essential to managing costs. The pivotal emphasis should be on quality, not price. This sounds paradoxical in these times of higher and higher medical costs, where medical treatment now accounts for nearly 60% of workers compensation loss costs. However, ample research shows that doctors who specialize in occupational medicine with a sports medicine approach consistently provide injured workers with high-quality treatment while shepherding them back to the workplace in a compassionate and caring manner. Qualified occupational medicine physicians know that a worker should remain out of work no longer than is medically necessary. This leads to an active recovery and lower costs.

Take the time to shop for a provider who offers the highest-quality care with an active sports medicine philosophy. Look for physicians who will take the time to understand your needs, perhaps through actual work site visits. Once you have identified a potential provider, develop a written agreement that sets explicit procedures for handling workplace injuries. Be sure that the provider is willing to identify specific restrictions resulting from injuries and work with you to accommodate appropriate modified duty placements.

As with any valued vendor, you should provide positive feedback to physicians who take the time to care well for your injured workers. However, while everyone appreciates praise for a job well done, you should always remember that a physician's first responsibility is to the patient. The more that the physician understands that you have the same outlook, the more the physician will trust you and work with you to accommodate the injured worker's needs appropriately.

Step 5 - Stress early return to work

Time away from work can be frightening and debilitating for injured workers. Their physical, emotional, and financial well-being are often in turmoil. They are worried about their job and how they will pay their bills, particularly so in today's economic climate. They often begin to think of themselves as "disabled." The longer they are out of work, the harder it becomes to get them back into the work routine. Consequently, it is crucial to speed recovery through the use of modified duty, one of the most important tools an employer has to reduce loss time and costs.

Modified duty is a bridge back to full duty, keeping workers active and part of the team. Instruct your medical provider to focus on what the employee cannot do while injured, clearly delineating work restrictions. For a moment, put yourself in the skin of the injured worker and

imagine you are talking with your doctor about your injury. Would you want the doctor to list for you the potentially countless physical tasks you could actually still do while injured? Or, would you want the doctor to tell you the realistically few things you should not do? The latter approach is the one doctors prefer, too.

Once you have the medical restrictions, work with your supervisors to develop progressive, short-term transitional jobs and tasks. Most important, make sure that employees and supervisors carefully follow the physician's restrictions: The goal is to speed recovery, not aggravate the condition and make things worse. As medical treatment continues and your medical provider gradually lifts restrictions, increase job demands to ease the employee back to his or her original job.

Step 6 – Establish a partnership with your claims service provider

The role of the insurer is not to solve your workers compensation problem. That is something you do together. The insurer administers and manages your company's claims according to relevant law and brings a diverse array of claims-related services to the table, including: (1) utilization reviews, (2) intensive case management for catastrophic injuries, and (3) investigation of dubious claims. Your goal should be to develop a close working partnership. On your side, you need to report claims immediately and establish good documentation to serve as the basis for the insurer's work.

Together, you and your insurer should maintain a steady and consistent focus on every open claim. Use all the tools and resources available to return your injured workers to the job; where this is not possible, work diligently to reach agreement on the appropriate way to reach closure on the case.

Step 7 – Measure and track results

You know the drill—what you measure becomes important.

Be sure to establish clear objectives for what you want to accomplish and communicate them in concrete terms.

Here are three simple, but effective, ways to measure performance. These are measurements that senior management can readily understand and track on a monthly basis.

First, measure the total cost of losses per full-time-equivalent (FTE) employee. Doing so factors out both overtime and part-time employment.

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(Eight Steps continued from Page 5)

Second, measure the cost of losses per hundred dollars of payroll.

Third, measure days lost due to injury per every 200,000 hours worked (equivalent to one hundred employees working 2,000 hours per year). This is the OSHA Severity Rate and is an excellent way to measure lost time.

With this data in hand, ask your insurance broker or carrier what the averages are for these metrics in your industry. They should be able to tell you. Then, benchmark yourself against your industry and yourself.

Track results and report them just as you would track and report production or quality objectives. Moreover, discuss the results with employees. If senior management pays consistent attention to the organization's loss reduction performance, everyone else will, too.

Another measurement factor focuses on accountability: make support of your injury management system an ongoing part of performance reviews for management and supervisory staff. Not doing this sends a subtle message—safety and injury management are really not that important at your company.

Step 8 – Define and communicate responsibilities

In a well-coordinated injury management system, everyone knows his or her proper role and responsibilities. Each person must understand how to respond. Injured workers must notify supervisors immediately of any injury. Supervisors must respond in a caring manner and make sure that workers who sustain injuries are escorted quickly from the work site to the right medical provider. Supervisors also are charged with analyzing accidents and taking steps to ensure they don't happen again. Supervisors should thoroughly document accidents and injuries with the assistance of injured workers. And senior management should follow through by making sure that corrective action identified actually does occur.

It is a truism of business that well-defined responsibilities go a long way toward assuring that objectives are met or exceeded. Workers compensation cost control is no different.

Conclusion

Workers compensation is not an insurance problem. It is a management problem. Employers committed to taking control can reduce costs significantly. At the same time, their companies will benefit from improved morale and productivity. Like so many of life's thorny issues, workers compensation can be managed if you only have the will to do it.

Harleysville Insurance offers custom-tailored workers' compensation and property & casualty plans designed specifically and exclusively for TMTA member companies. For a free, no-obligation quote, call Jay Poplawski at 1-800-638-1174.

About the author: Thomas Lynch is the founder and President of Lynch, Ryan & Associates, Inc., a leading management loss consulting company.

INFLATION TALK

CPI-W Urban Wage Earners and Clerical Workers

<u>Month</u>	<u>82-84</u>	<u>1967</u>	<u>57-59</u>
June	222.522	662.826	770.86*
May	222.954	664.113	772.36*
Apr	221.743	660.503	768.16*
Mar	220.024	655.385	762.21*
Feb	217.535	647.969	753.58*
Jan 2011	216.400	644.591	749.65*
Dec	215.262	641.200	745.71*
Nov	214.750	639.673	743.94*

CPI-U All Urban Consumers

<u>Month</u>	<u>82-84</u>	<u>1967</u>	<u>57-59</u>
June	225.722	676.162	786.37*
May	225.964	676.887	787.21*
Apr	224.906	673.717	783.52*
Mar	223.467	669.409	778.51*
Feb	221.309	662.943	770.99*
Jan 2011	220.223	659.692	767.21*
Dec	219.179	656.563	763.57*
Nov	218.803	655.438	762.26*

Note: June 2011 CPI-W represents a 4.1% increase from one year ago; CPI-U a 3.6% increase.

* Base Year 1957-59 is no longer released. BLS has issued the following conversion factors from the 82-84 year:

CPI-W—.2886674 CPI-U—.2870447

(Rob's Roost continued from Page 1)

It encourages me greatly to see that more of our member companies are taking advantage of the many value added components available by virtue of membership in the TMTA. As well, I am very pleased with the increase in requests to the Association to assist members in areas as varied as staffing, training, financing, insurance and networking to mention a few. Our TMTA endorsed service providers are available readily and have and will continue to offer high value and competitively priced services and products. Members that have utilized these providers regularly report very favorably on them to the Association. Do remember that the value is there for your benefit and that benefit can only be reaped if you choose to take advantage of it.

Many of you do business with other companies that qualify for TMTA membership and yet are not members. Please encourage them to join the fight to save American manufacturing by joining the TMTA. We now have members in 25 states as more and more companies recognize the need to associate in the fight. There really is strength in numbers and, members provide the numbers — we can use any and all assistance you might have to offer.

Enjoy the rest of this hot summer! Feel free to contact us with your concerns or needs and know that we will do everything we can to assist.



SBA Creates Online Export Guide

The U.S. Small Business Administration (SBA) has launched a new section of its website to help small businesses get started in exporting.

You can access information about setting up export operations, including a list of lenders that participate in SBA export loan programs as well as a 193-page Export Business Planner book containing worksheets, counseling information, resources for exporters, an export readiness assessment, a customizable export business plan and more.

If you have a successful product or service you may be able to increase sales and profit by exporting. Find export information at the SBA website at www.sba.gov/exportbusinessplanner.

**TMTA ENDORSED
SERVICE PROVIDERS**

Blue Cross Blue Shield/BCN

(Health insurance program)

TMTA contacts:

Bill Percha 586-904-9700 (cell)

Elaine Burger-Laskosky 248-488-0300, ext. 1309

Freedom One Financial Group

(401(k) Retirement program)

Provider contact:

John Young 248-620-8100

GlobalTranz — CarrierRate.com

(Freight discount program)

Provider contact:

Chad Hill 866-275-1407, ext. 130

John M. Packer & Associates

(Unemployment cost control program)

Provider contact:

Nathan Wiest 800-482-2971

Practical Power LLC

(Electrical savings program)

Provider contact:

Mark Bunting 248-726-7598

Ralph C. Wilson Agency, Inc.

(Insurance management)

Provider contact for Benefits coverages:

Robert Farris 248-355-1414, ext. 109

Provider contact for P&C and WC coverages:

Jay Poplawski, 248-355-1414, ext. 158

Reliance Standard/Ameritas

(Life/Dental insurance programs)

TMTA contacts:

Bill Percha 586-904-9700

Stella Krupansky 248-488-0300, ext. 1310

SVS Vision

(Safety & Vision programs)

Provider contact:

Monica Dyja 800-611-3683 or www.svsvision.com

Schena Roofing & Sheet Metal Co., Inc.

(Commercial/industrial roofing contractor)

Provider contact:

586-949-4777

Staffworks Group

(Staffing needs)

Provider contact:

Bill Brann 877-304-9690

TMTA receives a benefit from some of its Endorsed Providers when you, as a member, patronize them. This is one way we are able to maintain the level of dues.

TMTA MARKETPLACE

Personnel Available:

Unigraphics Designer/Detailer seeks position utilizing his experience and enthusiasm for his field.

Resume #110801.

In Memoriam



It is with deep sadness and regret that we note the passing of **Karl A. Kirsch**, owner of **Interstate Tool and Die Company**, on August 5, 2011 at the age of 67. Devoted husband of 44 years to his wife, Mary; adoring and supportive father of Christopher Kirsch and Gabriel Kirsch; and proud grandfather of Aidan Kirsch.

Mr. Kirsch graduated from Berkley High School in 1962 and was the winner of the National Plymouth Troubleshooting Award. He was an avid outdoorsman, arborist and boater. He was owner of Interstate Tool and Die Company for thirty-three years until it closed. He was brilliant at mechanical and industrial solutions.

Adored by many and gallant to all he encountered, Karl was very generous by nature, donating to several charities in the community. A fun-loving and very likeable man, Mr. Kirsch will be greatly missed by his countless friends and past employees who enjoyed his sense of humor and good times.

Our sincere condolences to his family and friends.

TMTA Board Members Complete Energy Saving Projects and Save a Combined \$122,000 Annually With Practical Power

Three of our board members, John Ebbing of **Detroit Edge Tool**, Sharon Medwid of **Three M Tool**, and Irvin Swider of **Future Products**, all contracted with Practical Power LLC of Rochester Hills, MI to reduce electrical cost. All three board members say they had a terrific experience with Practical Power and would recommend them to anyone interested in a lighting project.

By now most industrial and commercial end users of HID High Bay Fixtures and old style T12 fixtures are well aware of the extremely high costs of operation. What most end users don't know is that as much as 70% of the cost to upgrade can be paid for by local and/or national funding programs and tax incentives.

These funding programs, combined with a 50% reduction in operating cost, short ROI, and improved light quality, make these projects an easy decision.

Practical Power is a TMTA Endorsed Service Provider. You can reach Mark Bunting, President of Practical Power, at 248-726-7598 for a free site evaluation to be performed at your facility to see what savings can be gained for your company.

tmta talk

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Send/Fax to TMTA, Attention: TMTA Talk Editor.