



CALIFORNIA

Workers' Compensation & Risk Conference

ATTENDEE REGISTRATION FORM

Monarch Beach Resort, Dana Point, CA (September 5-8, 2017)

Contact information: Kristi Hanson ~ (312) 489-1677 ~ Email completed form to: lanettehanson@cwcriskconference.org

Company Name (as it should appear on conference badge)

Attendee Name (for conference badge)

Attendee Job Title

Address

City

State

Zip

Phone

Attendee Email Address

ATTENDEE OPTIONS & PRICING

(Private and Public Sector Employers):

Job Titles: Director of Risk Mgmt. & Insurance, Risk Managers, HR Manager/Director, EH&S Managers, W/C Managers, Disability Managers, Claims Managers, Senior Claims Adjusters, Corporate Compliance & Safety Manager

- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (ONSITE DISCOUNT 10/9/16).....\$125
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (October 10, 2016-Dec.31 2016).....\$275
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (AFTER January 1, 2017)\$400

Service Provider/Vendor Attendee:

Job Titles: Sales & Marketing, Business Development, Attorneys (anyone that has a cost containment solution to offer Employers)

- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (ONSITE DISCOUNT 10/9/16).....\$900
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (October 10, 2016-Dec.31 2016).....\$1100
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (AFTER January 1, 2017)\$1600

GRAND TOTAL..... **\$ _____**

PAYMENT

- I want to pay by check (include a copy of this registration page)

Make all checks payable to:

*Risk Management Education Associates, LLC Attn: Lanette Hanson
210 North Church Street, Suite 3112
Charlotte, NC 28202*

- I want to pay by credit card: Visa MasterCard Discover AMEX (need 4 Digit Code on Front for AMEX)

Card No. _____

Exp. Date _____ Security (CVV) _____ Billing Zip Code _____

Card Holder Name _____

Card Holder Signature _____

CANCELLATION: Nonrefundable after April 1, 2017. Replacements are allowed with no additional fees.