



CWC & RISK CONFERENCE

Monarch Beach Resort, Dana Point, CA

2020 ATTENDEE REGISTRATION FORM

Contact information: Lanette Hanson - (704) 331-3990 - 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 9/7/19).....\$125
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (Sept. 8, 2019 - Dec. 31 2019).....\$275
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (AFTER January 1, 2020)\$400

Service Provider/Vendor Attendee:

Job Titles: Sales & Marketing, Business Development, Attorneys, Physicians (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 9/7/19).....\$1200
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (Sept. 8, 2019 - Dec. 31 2019).....\$1600
- 1 attendee pass to Main Conference ~ includes sessions, food, drinks, expo hall & networking events (AFTER January 1, 2020).....\$1800

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 2015

Charlotte, NC 28202

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

Card No. _____

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

Card Holder Name _____

Card Holder Signature _____

CANCELLATION: Nonrefundable after January 1, 2020. Replacements are allowed with no additional fees.