

REGISTRATION FORM

Registration Fees:
\$250.00 per person paid prior to 8/10/2012
\$275.00 per person paid after 8/10/2012 and at the door

Register online with a credit card or check at our website: www.sbcw.georgia.gov

OR mail this form with your check payable to:

State Board of Workers' Compensation
Training Account
Hilary Williams
270 Peachtree Street
Atlanta, GA 30303-1299

If you have a disability and need assistance or accommodations to participate, please notify us at (404) 656-3697.

Please note that in order to receive the total number of CEU's applied for, you must sign the roster each morning of the conference. This information is required by various organizations in order to ensure attendance accuracy.

Name: _____

Position: _____

Company: _____

Self-Insured? Yes No

Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

Which session(s) are you most likely to attend?

Medical Legal Multi-State Legal Breakout Insurance Case Management Ethics Session

Company type:

Legal Services Employer Medical Services Insurance Services Rehabilitation Services

Other: _____

Cancellation and Refund Policy: Cancellation of preregistration must be made before 4:30 p.m., five working days prior to the conference.

Substitution of personnel is recommended in lieu of cancellation after that date.

The full registration fee will be forfeited if you fail to attend or cancel timely.