

REGISTRATION FORM

You can register online

www.sbwc.georgia.gov OR mail this form with your check payable to:

State Board of Workers' Compensation
Training Account -Hilary Williams
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299

REGISTRATION FEE.....\$85.00*

Check here if Certified Drug-free Workplace Employer (certification will be verified)

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

Check your company type: Legal Services Employer Medical Services Insurance Services Rehabilitation Services Other: (specify) _____

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

Please check which seminar you plan to attend. Columbus – March 17, 2016 Savannah – April 21, 2016 Oakwood – March 23, 2016 Kennesaw – May 12, 2016 Tifton – April 20, 2016

Name _____

Company _____ Position _____

Email: _____

Address _____

City/State/Zip _____

Phone _____ Self-Insured? Yes No

Discount given for multiple registrations from same company. For information call: 404-656-5656