

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
Atlanta, Georgia 30303-1299

REGISTRATION FEE.....\$85.00

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

Name _____

Position _____ Email: _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Self-Insured? Yes No

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.

Newnan - April 12, 2012 Lawrenceville - April 19, 20112 Macon - April 26, 2012 Savannah - May 10, 2012

If you have a question that you would like answered at the regional seminar please email it to williamsh@sbwc.ga.gov