

## EXHIBITOR & SPONSORSHIP REGISTRATION FORM

### TENNESSEE BUREAU OF WORKERS' COMPENSATION ANNUAL PHYSICIAN EDUCATION CONFERENCE

Bureau of Workers' Compensation Offices, Nashville, TN

February 29, 2020

## EXHIBITOR & SPONSORSHIP OPPORTUNITIES

You are invited to register as an exhibitor or sponsor for the Tennessee Bureau of Workers' Compensation Annual Physician Education Program. This conference focuses on medical topics of particular importance to physicians, attorneys, and other professionals involved in Tennessee workers' compensation claims.

### ATTENTION EXHIBITORS

\$750 exhibitor registration fee includes one 6-foot table, two chairs, and registration for two representatives. Space is offered on a first come, first served basis and will only be reserved upon our receipt of your registration form, which may be faxed to (386) 677-0155. For additional information regarding exhibit area, contact the IWCF at IWCF@bellsouth.net or call (386) 677-0041. Exhibit setup will be on Saturday, February 29, 2020, at 7:00 AM. Teardown will be on Saturday, February 29, 2020, at 6:00 PM. Full fee forfeiture if unable to attend.

**Exhibitor: \$750 Contribution \$\_\_\_\_\_**

### ATTENTION SPONSORS

The following **Sponsorship** levels are available (*check one or more*):

- Silver: \$500 Contribution \$\_\_\_\_\_**
- Company name will appear on a large "Thank You Sponsors" poster.
- Gold: \$1,000 Contribution \$\_\_\_\_\_**
- Company name and address will appear on a large "Thank You Sponsors" poster.
  - Contact information will appear in conference program.
  - Includes 1 complimentary attendee registration.

***Sponsorship* deadline Feb. 15, 2020. *Exhibitor* deadline Feb. 22, 2020.**

*Held in association with the International Workers' Compensation Foundation, a non-profit corporation dedicated to workers' compensation outreach and education.*

**International Workers' Compensation Foundation, Inc.  
570 Memorial Circle, Suite 320, Ormond Beach, FL 32174  
Phone (386) 677-0041 \* Fax (386) 677-0155  
IWCF@bellsouth.net / www.iwcf.us**

# EXHIBITOR & SPONSORSHIP REGISTRATION FORM

## TENNESSEE WORKERS' COMPENSATION PHYSICIANS CONFERENCE 2020

Bureau of Workers' Compensation Offices  
220 French Landing, Suite 1-B, Nashville, TN 37243  
Saturday, February 29, 2020

Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

*(Please print exact company name as you wish it to appear on signage)*

### ***Exhibitors & Gold Sponsors Only -- Complimentary Attendee***

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

### ***Exhibitors Only -- Second Complimentary Attendee***

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

*Please make/mail check payable to:*

IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174

*Or fax credit card authorization form to (386) 677-0155*

Telephone: (386) 677-0041; Fax: (386) 677-0155; Email: [IWCF@bellsouth.net](mailto:IWCF@bellsouth.net); Web: [www.iwcf.us](http://www.iwcf.us)

**Sponsorship form must be received no later than Feb. 15, 2020, along with company logo and contact information.**

**Exhibitor form must be received no later than Feb. 22, 2020.**

**CONTACT THE IWCF FOR INFORMATION ON THE 2020 TENNESSEE WORKERS'  
COMPENSATION EDUCATIONAL CONFERENCE EXHIBIT AND SPONSORSHIP  
OPPORTUNITIES June 10-12, 2020, Embassy Suites, Murfreesboro, TN**

# IWCF CREDIT CARD AUTHORIZATION FORM

TENNESSEE BUREAU OF WORKERS' COMPENSATION PHYSICIAN CONFERENCE 2020

Name of Registrant \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

**Payment by check** Make check payable to IWCF and mail to 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174

**Please charge my credit card**     MasterCard     Visa     American Express  
(check one)

Amount \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Billing Address (must match billing address and zip code on file at issuing bank)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Security Code CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please FAX credit card information to IWCF***

***386-677-0155***

IWCF 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174 Telephone: (386) 677-0041

Fax: (386) 677-0155; Email: [IWCF@bellsouth.net](mailto:IWCF@bellsouth.net) Web: [www.iwcf.us](http://www.iwcf.us)