



EXHIBITOR/SPONSORSHIP REGISTRATION FORM
THE TWENTY-FOURTH ANNUAL
NORTH CAROLINA WORKERS' COMPENSATION EDUCATIONAL CONFERENCE
WEDNESDAY - FRIDAY, OCTOBER 2-4, 2019

ATTENTION EXHIBITORS

Fee of \$900 includes two (2) complimentary registrations for exhibitor representatives. Additional registrants will be accepted at the early bird rate of \$300 each. A separate registration form should be completed for each additional registrant.

Space is offered on a first come, first served basis and will only be reserved upon our receipt of this registration form, which may be faxed to (386) 677-0155 or emailed to iwcf@bellsouth.net. For additional information regarding exhibit area, contact the IWCF at (386) 677-0041. Booth set-up will be in the exhibitor area on Wed., Oct. 2nd, 10 A.M. - 1 P.M. Tear-down will be on Fri., Oct. 4th, 12:50 P.M.

Reception, continental breakfasts and refreshment breaks will be held in the Exhibition Ballroom. Registration fee includes one 8'x10' booth or 6' draped table and two chairs, identification sign, and twenty-four hour security. Full fee forfeiture if unable to attend.

HOTEL INFORMATION

The host hotel for our conference is:

THE RALEIGH MARRIOTT CITY CENTER

500 Fayetteville Street, Raleigh, NC 27601

Across the street from the Convention Center

Phone 888-236-2427 or 800-228-9290

Conference Rate: \$190.00/night • Rate cut off 9/2/19

Ask for group code: WRK; group name: North Carolina Workers' Compensation Conference or book online at <https://tinyurl.com/NCConf19>

Non-refundable deposit of 1 night room and tax required at time of reservation.

EXHIBITOR INSURANCE/HOLD HARMLESS CLAUSE

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend, save and hold harmless the International Workers' Compensation Foundation (IWCF), its employees and agents, Chelsea Place Meetings and its employees and agents, and the Raleigh Convention Center against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence or concurrent comparative negligence of the Raleigh Convention Center and its employees and agents, Chelsea Place Meetings and its employees and agents, as well as the IWCF, its members, employees and agents.

In addition, exhibitor acknowledges that the Raleigh Convention Center, Chelsea Place Meetings, and the IWCF do not maintain insurance covering exhibitors' property or potential liabilities and that it is the sole responsibility of the exhibitor to obtain business interruption insurance, property damage insurance and liability insurance covering such losses by exhibitor. Exhibitor shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of comprehensive general liability insurance and contractual liability insurance and specifically referring to contractual liability set forth in the foregoing paragraphs hereof, in an amount not less than \$1,000,000 combined single limit for personal injury and property damage. The Raleigh Convention Center, Chelsea Place Meetings, and the IWCF shall be included in such policies as additionally named insureds for this convention only.

AUTHORIZED SIGNATURE: _____

DATE: _____

SPONSORSHIP OPPORTUNITY

You are invited to register as a sponsor for the Twenty-Fourth Annual North Carolina Workers' Compensation Educational Conference. The following sponsorship levels are available:

- Gold:** \$1,000 Contribution
- Complimentary Attendee Registration.
 - Organization name and contact information will appear in conference program.
 - Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.
- Silver:** \$500 Contribution
- Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.

CHECK ONE OR MORE CATEGORIES:

- EXHIBITOR
 SPONSORSHIP: Silver Gold

Company Name: _____

Specialty: _____

Contact Person: _____

Title: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone: _____

Fax: _____

Email Address: _____

EXHIBITORS & GOLD SPONSORS ONLY

Comp Registrant #1: _____

Title: _____

Email Address: _____

EXHIBITORS ONLY

Comp Registrant #2: _____

Title: _____

Email Address: _____

(Please print names as you wish them to appear on name tag)

Two registration options are available for exhibitors and gold and silver sponsors

1. **Payment by Credit Card** (MasterCard, VISA or American Express) - go to www.iwcf.us/iwcfevents.html and click on link to Register Online under NORTH CAROLINA.
2. **Payment by Check** Complete, copy and return this form, along with a check made payable to the IWCF (International Workers' Compensation Foundation, Inc.) and mail to IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.

For additional information contact the IWCF at: Phone (386) 677-0041 • Fax (386) 677-0155 • iwcf@bellsouth.net

BOOTH DIMENSIONS
 1-7; 50-56: 10' WIDE / 8' DEEP
 8-49; 57-90: 6' WIDE / 4' DEEP
 (recommend using table top displays for booths 8-49 and 57-90)

PLEASE PROVIDE US WITH YOUR TOP THREE CHOICES OF LOCATION WHEN YOU SEND IN YOUR REGISTRATION FORM:

Choice #1 _____

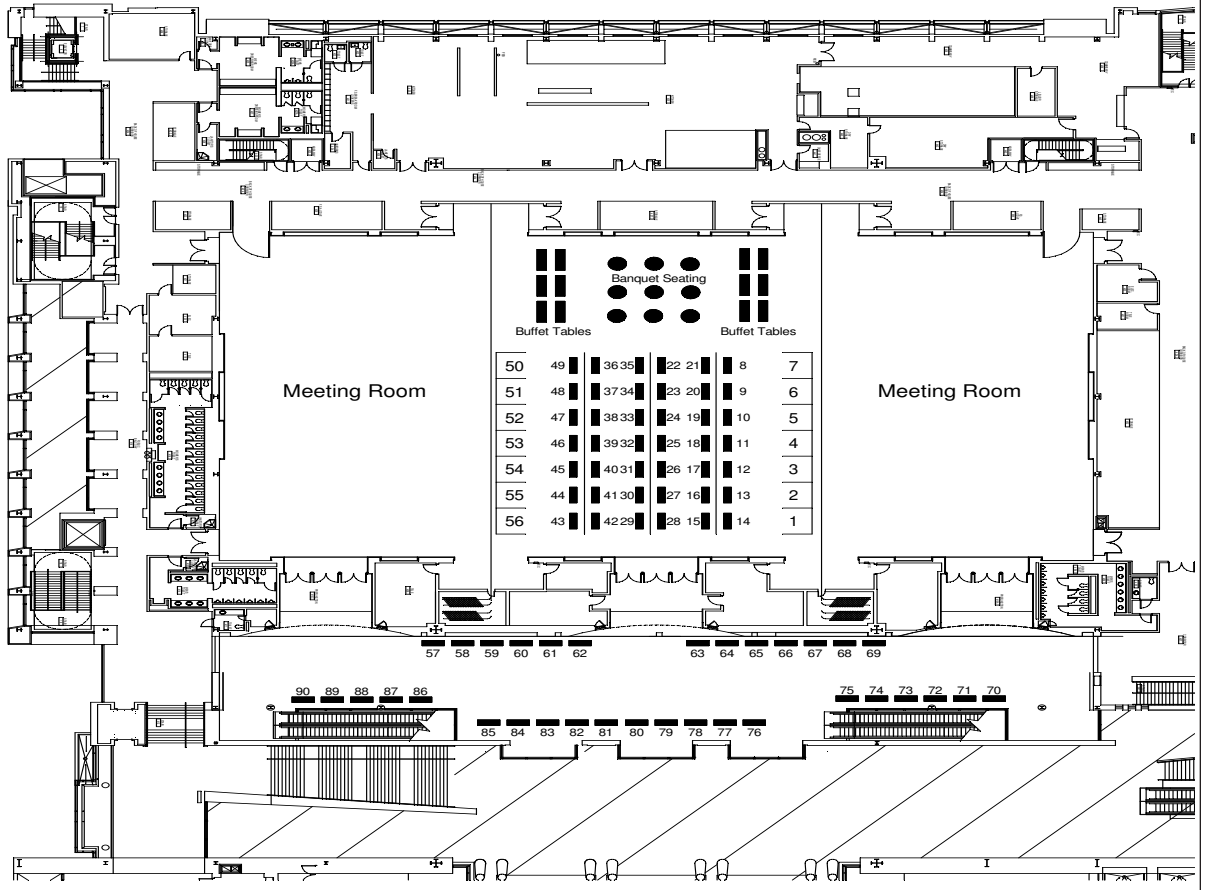
Choice #2 _____

Choice #3 _____

Your booth location will be confirmed promptly.

PLEASE SEND TO:

IWCF
 iwcf@bellsouth.net
 or
 Fax (386) 677-0155



First Class Mail
 US Postage Paid
 Daytona Beach, FL
 Permit #62

I W C F
 570 MEMORIAL CIRCLE, SUITE 320
 ORMOND BEACH, FL 32174