



EXHIBITOR REGISTRATION FORM

25TH ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

Los Angeles Airport Marriott Hotel - February 12 - 13, 2018

5855 West Century Boulevard, Los Angeles, California 90045 • (888) 236-2427 *(ask for DWC Educational Conference rate)*

Oakland Marriott City Center - March 1 - 2, 2018

1001 Broadway, Oakland, California 94607 • (877) 901-6632 *(ask for DWC Educational Conference rate)*

REGISTRATION FEE OF \$1,400 PER LOCATION INCLUDES: 6' draped table & 2 chairs, registration for two representatives, identification sign (Oakland only) and 24-hour security (full fee forfeiture if unable to attend). Additional representatives may register at a rate of \$350 per person.

Two registration options are available for exhibitors:

- 1. Payment by Credit Card** (MasterCard, VISA or American Express) - go to www.iwcf.us/iwcfevents.html and click on link to Online Registration under CALIFORNIA *(for credit cards only)*
- 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

Space is offered on a first come, first serve basis and will only be reserved upon our receipt of this registration form. Forms may be faxed to (386) 677-0155 or emailed to IWCF@bellsouth.net. Once your registration form is received, the contact for the booth will receive additional hotel details and layout(s) for booth selection. For additional information regarding our exhibit areas, contact the International Workers' Compensation Foundation office at (386) 677-0041. Booth setup will be in the exhibitor area on Day 1 of the conference, 9:00 a.m. - 12:30 p.m., and teardown will be on Day 2 of the conference at 3:30 p.m.

REGISTRATION INFORMATION:

Company Name _____

Specialty _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Los Angeles Airport Marriott

Complimentary Registrant #1 _____ Title _____

Email _____

Complimentary Registrant #2 _____ Title _____

Email _____

Oakland Marriott City Center

Complimentary Registrant #1 _____ Title _____

Email _____

Complimentary Registrant #2 _____ Title _____

Email _____

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 members, employees and agents, Chelsea Place Meetings and its employees and agents, and the L.A. Airport Marriott/Oakland Marriott City Center against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or cause 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 L.A. Airport Marriott/Oakland Marriott City Center and their 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 L.A. Marriott/Oakland Marriott City 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. Insurance insuring and specifically referring to contractual liability set forth in the foregoing paragraphs hereof, in an amount not less than \$1,000,000.00 combined single limit for personal injury and property damage. The L.A. Airport Marriott/Oakland Marriott City 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 REGISTRATION FORM
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SPONSORSHIP OPPORTUNITY:

You are invited to register as a sponsor for the 25th Annual Division of Workers' Compensation Educational Conference. This conference is held in cooperation with the International Workers' Compensation Foundation, a non-profit organization (FEIN 35-1737364). The following sponsorship levels are available *(check one please)*:

Silver: \$500 Contribution

- Company name will appear on a large "Thank You Sponsor" sign in registration and exhibit areas at both Los Angeles and Oakland locations.

Gold: \$1,000 Contribution

- Company name will appear on a large "Thank You Sponsor" sign in registration and exhibit areas at both Los Angeles and Oakland locations. Company name and contact information will appear in conference program. One complimentary attendee registration *(choice of Los Angeles or Oakland)*.

Two registration options are available for 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 Online Registration under CALIFORNIA *(for credit cards only)*
2. **Payment by Check** Complete, copy and return [this form](#) for each attendee, 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

Once you registration form is received, the contact for the sponsorship will receive additional instructions.

For additional information regarding **EXHIBITOR** Registration, contact the International Workers' Compensation Foundation office at (386) 677-0041 or IWCF@bellsouth.net.

SPONSORSHIP REGISTRATION INFORMATION:

Contact Person _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

GOLD SPONSORS ONLY:

Comp Registrant Name _____ Title _____

Email _____

(Select one) Los Angeles Oakland