



## EXHIBITOR REGISTRATION FORM

### 26<sup>TH</sup> ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

**Los Angeles Airport Marriott Hotel - February 11 - 12, 2019**

5855 West Century Boulevard, Los Angeles, California 90045 • (888) 228-9290 *(ask for DWC Educational Conference rate)*

**Oakland Marriott City Center - February 28 - March 1, 2019**

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 \$400 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](http://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](mailto: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**  
**26<sup>TH</sup> ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE**

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**SPONSORSHIP OPPORTUNITY:**

You are invited to register as a sponsor for the 26th 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)*. Additional representatives may register at a rate of \$400 per person.

**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](http://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 your 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](mailto: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