



# VIRGINIA WORKERS' COMPENSATION CENTENNIAL GALA SPONSOR REGISTRATION

**To ensure that your guests feel special and welcome, please submit all guest names no later than the close of business on October 21.**

*(please check one or more of the following)*

- Gala TICKET – \$100 each** *(conference registration not included)*
- Gala SILVER Sponsor – \$500; includes 2 Gala tickets and recognition on Thank You Gala Sponsors sign** *(conference registration not included)*
- Gala GOLD Sponsor – \$1,000; includes 4 Gala tickets and recognition on Thank You Gala Sponsors sign** *(conference registration not included)*
- Gala PLATINUM Sponsor – \$1,500; includes 6 Gala tickets, recognition on Thank You Gala Sponsors sign, and special recognition during the Gala** *(conference registration not included)*

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

**TOTAL DUE Centennial Gala** *(conference registration not included)*                      \$ \_\_\_\_\_

## **Names of Gala Attendees (please copy this form for more than 6)**

1. Name \_\_\_\_\_  
Email \_\_\_\_\_
2. Name \_\_\_\_\_  
Email \_\_\_\_\_
3. Name \_\_\_\_\_  
Email \_\_\_\_\_
4. Name \_\_\_\_\_  
Email \_\_\_\_\_
5. Name \_\_\_\_\_  
Email \_\_\_\_\_
6. Name \_\_\_\_\_  
Email \_\_\_\_\_

## **Payment by Credit Card**

- *Gala Sponsor registrations - use attached IWCF Credit Card Authorization Form and FAX to 386-677-0155.*
- *Individual Gala registrations - Go to <https://www.compevent.com/virginia>.*

## **Payment by Check**

- *Enclose form with check payable to IWCF and mail to 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.*

## **FOR CONFERENCE INFORMATION, INCLUDING EXHIBITS & SPONSORSHIPS**

International Workers' Compensation Foundation  
(386) 677-0041 \* Fax: (386) 677-0155 \* [IWCF@bellsouth.net](mailto:IWCF@bellsouth.net) \* [www.iwcf.us](http://www.iwcf.us)

# IWCF CREDIT CARD AUTHORIZATION FORM

Name of Event \_\_\_\_\_

Name of Registrant \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Amount \_\_\_\_\_

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

Credit Card Billing Address *(must match billing address at issuing bank)*

\_\_\_\_\_

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

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

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

Credit Card CVV2 *(3 digit number on back of Visa/MC, 4 digits on front of AMEX)* \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please return this form to IWCF.***

***Fax number 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)