

EXHIBITOR & SPONSORSHIP REGISTRATION FORM

TENNESSEE BUREAU OF WORKERS' COMPENSATION PHYSICIAN EDUCATION PROGRAM

Tennessee Bureau of Workers' Compensation, 220 French Landing Drive
In the PEARL Center located in Suite 1-B
Nashville, TN 37243
May 14, 2022

EXHIBITOR & SPONSORSHIP OPPORTUNITIES

You are invited to register as an exhibitor or sponsor for the Tennessee Bureau of Workers' Compensation Physician Education Program. This conference focuses on medical topics of particular importance to physicians, attorneys, mental health providers, nurse practitioners, physician assistants, medical and administrative staff, and other professionals who are interested in medical issues involving 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, May 14, 2022, at 7:00 AM. Teardown will be on Saturday, May 14, 2022, at 4:00 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 April 29, 2022. *Exhibitor* deadline May 6, 2022.**

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

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 PHYSICIAN PROGRAM 2022

Bureau of Workers' Compensation Offices
220 French Landing, in the PEARL Center, Suite 1-B
Nashville, TN 37243
Saturday, May 14, 2022

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; Web: www.iwcf.us

Sponsorship form must be received no later than April 29, 2022, along with company logo and contact information. Exhibitor form must be received no later than May 6, 2022.

CONTACT THE IWCF FOR INFORMATION ON THE 2022 TENNESSEE WORKERS' COMPENSATION EDUCATIONAL CONFERENCE EXHIBIT AND SPONSORSHIP OPPORTUNITIES August 15-17, 2022, Embassy Suites, Murfreesboro, TN

IWCF CREDIT CARD AUTHORIZATION FORM

TENNESSEE BUREAU OF WORKERS' COMPENSATION PHYSICIAN PROGRAM 2022

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***

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Fax: (386) 677-0155; Email: IWCF@bellsouth.net Web: www.iwcf.us