

EXHIBITOR/SPONSORSHIP REGISTRATION FORM

THE FIFTEENTH ANNUAL NORTH CAROLINA WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

Wednesday, October 13 - Friday, October 15, 2010

ATTENTION EXHIBITORS

Fee of \$750 includes two (2) complimentary registrations for exhibitor representatives. Two (2) additional registrants will be accepted at the rate of \$225 each. A separate registration form should be completed for each additional registrant.

Space is offered on a first come, first serve basis and will only be reserved upon our receipt of this registration form, which may be faxed to (386) 677-0155. For additional information regarding exhibit area, contact the IWCF office at (386) 677-0041. Booth setup will be in the exhibitor area on Wed., Oct. 13th, 10 A.M. - 1 P.M. Tear-down will be on Fri., Oct. 15th, 12:50 P.M.

Luncheon, 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, registration for two representatives and twenty-four hour security. Full fee forfeiture if unable to attend.

HOTEL INFORMATION

The two host hotels for our conference are:

THE SHERATON RALEIGH HOTEL

421 S. Salisbury Street, Raleigh, NC 27601 • Half block from the Convention Center • Phone (919) 834-9900 • Fax (919) 833-1217
Conference Rate: \$125/night • Rate cut off 9/12/10

THE RALEIGH MARRIOTT CITY CENTER

501 Fayetteville Street, Raleigh, NC 27601 • Across the street from the Convention Center • Phone (919) 833-1120 • Fax (919) 227-3955
Conference Rate: \$140.00/night • Rate cut off 9/12/10

The conference rates will not be available should the room blocks become full prior to the cut off dates, so make your reservations early!

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 15th Annual North Carolina Workers' Compensation Educational Conference. The following sponsorship levels are available:

- Silver:** \$500 Contribution
- Company name will appear on a large "Thank You Sponsor" sign in registration and exhibit areas
- Gold:** \$1,000 Contribution
- Company name will appear in conference workbook
 - Company name will appear on a large "Thank You Sponsor" sign in registration and exhibit areas

CHECK 1 OR MORE CATEGORIES:

- EXHIBITOR
 SPONSORSHIP: Silver Gold

Company Name: _____

Specialty: _____

Contact Person: _____

Title: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone: _____

Fax: _____

Email Address: _____

EXHIBITORS ONLY **Comp. Registrant #1:** _____

Title _____

Comp. Registrant #2: _____

Title _____

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

**Please make/mail check payable to:
(Credit Cards Not Accepted)
IWCF, 570 Memorial Circle, Ste. 320,
Ormond Beach, FL 32174**

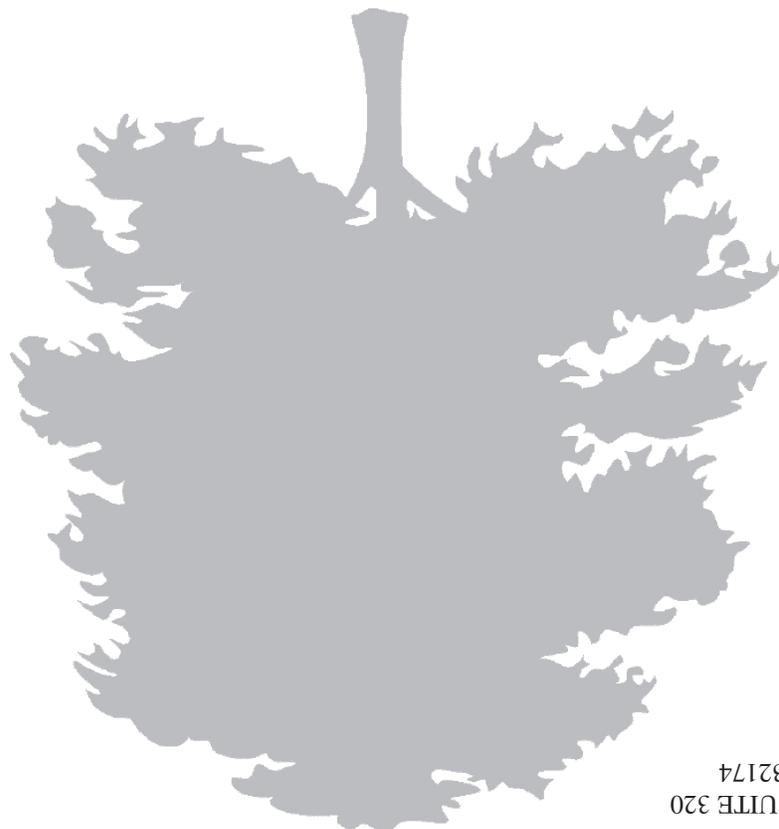
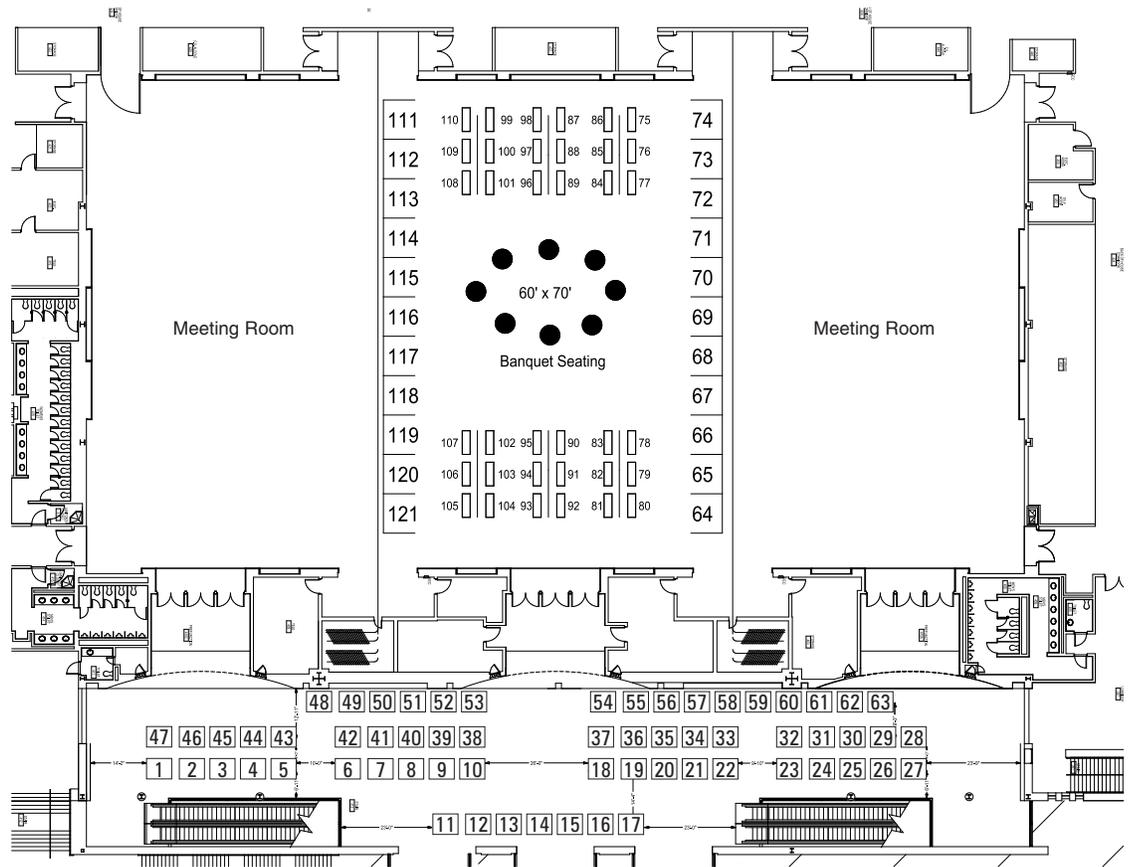
**For additional information contact the IWCF office at:
Phone (386) 677-0041 • Fax (386) 677-0155**

**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 FAX TO
(386) 677-0155



First Class Mail
US Postage Paid
Permit #62
Daytona Beach, FL
A.A.A MAIL PRO

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