EXHIBITOR/SPONSORSHIP REGISTRATION FORM
THE SIXTEENTH ANNUAL NORTH CAROLINA WORKERS' COMPENSATION EDUCATIONAL CONFERENCE
Wednesday, October 19 - Friday, October 21, 2011

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. 19th, 10 A.M. - 1 P.M. Tear-down will be on Fri., Oct. 21st, 12:50 P.M.

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 host hotel for our conference is:

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: $145.00/night • Rate cut off 9/18/11

The conference rate will not be available should the room blocks become full prior to the cut off date, 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 16th 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: _____

Comp. Registrant #1: _____

Title _____

Comp. Registrant #2: _____

Title _____

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

EXHIBITORS ONLY

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

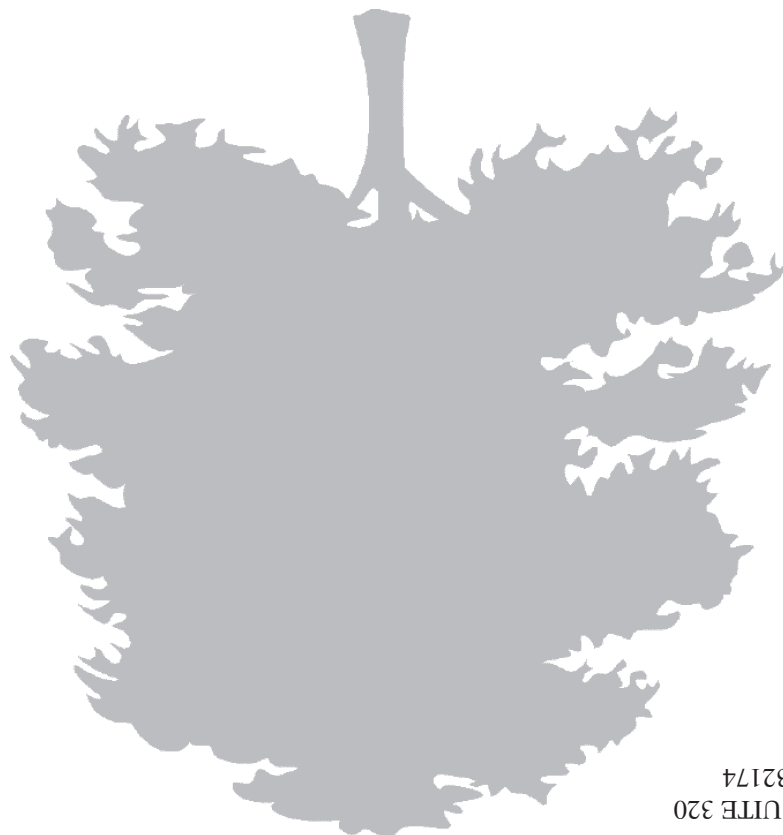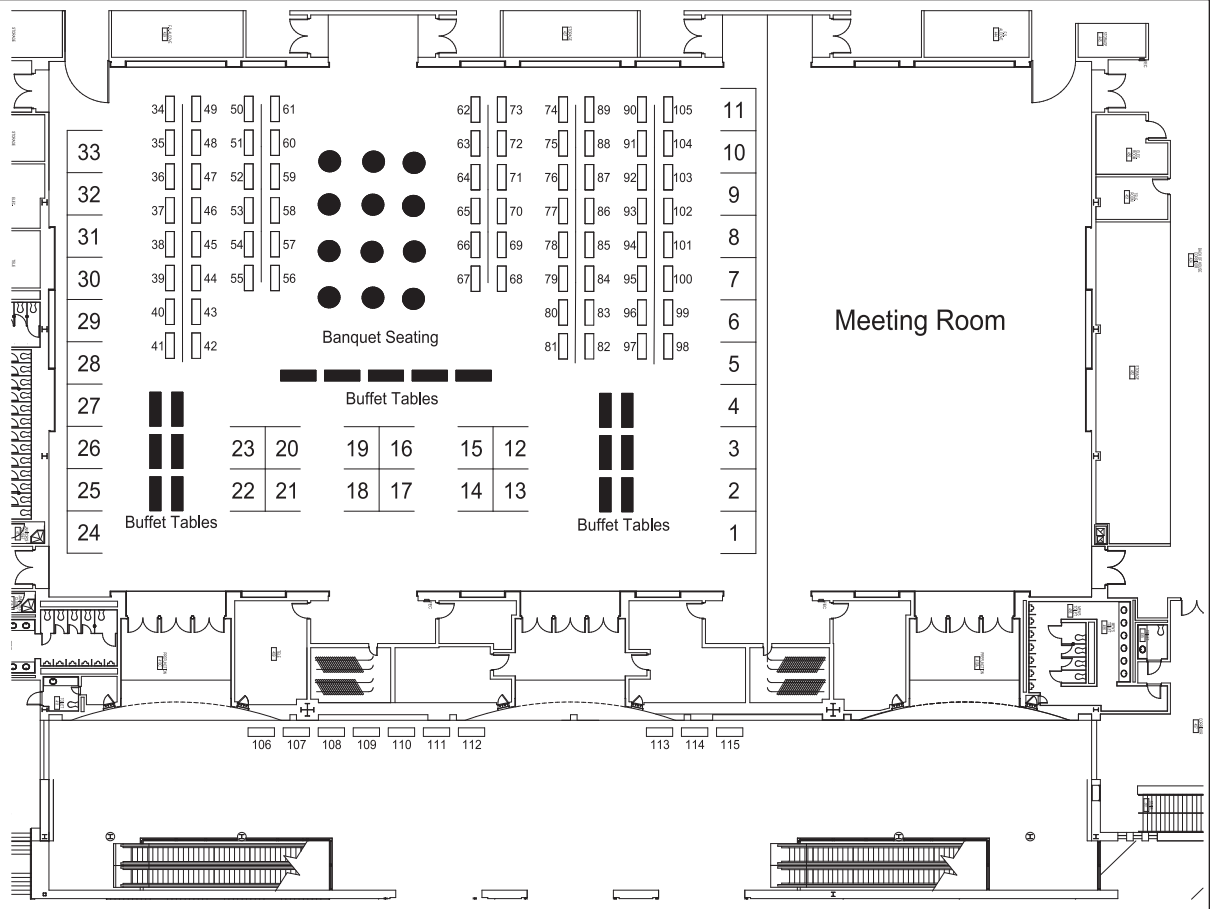PLEASE PROVIDE US WITH YOUR TOP THREE CHOICES OF LOCATION WHEN YOU SEND IN YOUR REGISTRATION FORM:

Choice #1 _____

Choice #2 _____

Choice #3 _____

Your booth location will be confirmed promptly.

PLEASE FAX TO
(386) 677-0155

Banquet Seating

Buffet Tables

Buffet Tables

Buffet Tables

Meeting Room

34	49	50	61		62	73	74	89	90	105		11
35	48	51	60		63	72	75	88	91	104		10
36	47	52	59		64	71	76	87	92	103		9
37	46	53	58		65	70	77	86	93	102		8
38	45	54	57		66	69	78	85	94	101		7
39	44	55	56		67	68	79	84	95	100		6
40	43						80	83	96	99		5
41	42						81	82	97	98		4

| 23 | 20 | 19 | 16 | 15 | 12 |
| 22 | 21 | 18 | 17 | 14 | 13 |

33
32
31
30
29
28
27
26
25
24

3
2
1

106 107 108 109 110 111 112   113 114 115

It's a mailing panel below, upside down.