

EXHIBITOR/SPONSORSHIP REGISTRATION FORM
THE TWELFTH ANNUAL NORTH CAROLINA WORKERS'
COMPENSATION EDUCATIONAL CONFERENCE

October 10-12, 2007

ATTENTION EXHIBITORS

Fee of \$750 includes two (2) complimentary registrations for exhibitor representatives. Two (2) additional registrants will be accepted at the rate of \$225.00 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. 10th, 10 A.M. - 1 P.M. Tear-down will be on Fri., Oct. 12th, 12:50 P.M.

Luncheon, Reception, Continental Breakfasts and Refreshment Breaks will be held in the Exhibition area. Registration fee includes one 8x10 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.

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), employees and agents, Chelsea Place Meetings and its employees and agents, and the Sheraton Imperial Hotel 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 Sheraton Imperial Hotel 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 Sheraton Imperial Hotel, 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 \$1,000,000.00 combined single limit for personal injury and property damage. The Sheraton Imperial Hotel, Chelsea Place Meetings, and the IWCF shall be included in such policies as additionally named insureds for this convention only.

AUTHORIZED SIGNATURE: _____

DATE: _____

KIDS' CHANCE OF NORTH CAROLINA

(www.kidschancenc.org)

invites all vendors to donate an item to be auctioned at the conference. All donations are tax deductible and donors will be recognized. For more information, please contact: Paul Seguin, Executive Director Kids' Chance at (800) 246-8599 or email paul@abacuspi.com

SPONSORSHIP OPPORTUNITY

You are invited to register as a sponsor for the 12th Annual North Carolina Workers' Compensation Educational Conference. The following sponsorship levels are available:

Silver: \$500.00 Contribution
• Company name will appear on a large "Thank You Sponsor" sign in registration and exhibit areas.

Gold: \$1,000.00 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 CATEGORY WHICH APPLIES:

EXHIBITOR

AND/OR

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)

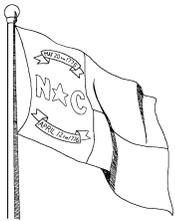
Please make/mail check payable to:
(Credit Cards Not Accepted)
IWCF, 570 Memorial Circle, Ste. 320,
Ormond Beach, FL 32174

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

VENDORS ONLY

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

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



**NORTH
 CAROLINA**

Registration Area
 Sessions ↑

Banquet Seating

ENTRANCE

RESTROOM

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