

EXHIBITOR REGISTRATION FORM

THE TENTH ANNUAL NORTH CAROLINA WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

October 19-21, 2005

ATTENTION EXHIBITORS

- ◆ New and Improved layout for Exhibitors
- ◆ Enlarged Space for Exhibitors
- ◆ Increased Traffic for Exhibitors
- ◆ Lunch Served Buffet Style and Breaks in Exhibition Room

(38) 8 x 10 Booths or (10) 6' Draped Table and Two Chairs - \$750.00

OR

(30) 6' Table Top and 2 Chairs - \$500.00

Plus

- ◆ Identification Sign
- ◆ Registration for two representatives
- ◆ 24 Hour Security

Fee of \$750/\$500 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. Checks (Credit Cards Not Accepted) should be made payable to the IWCF and mailed to: IWCF, 25 Lazy Eight Drive, Port Orange, FL 32128.

Space is offered on a first come, first serve basis and will only be reserved upon our receipt of this registration form. Forms may be faxed to (386) 304-8820. You will receive an exhibitor kit from Southern Exhibition Services. For additional information regarding exhibit area, contact the International Workers' Compensation Foundation office at (386) 304-1993. Booth setup will be in the exhibitor area on Wednesday, October 19th, 10 A.M. - 1 P.M. Tear-down will be on Friday, October 21st, 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.

Company Name: _____

Specialty: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Complimentary Registrant #1: _____ Title _____

Complimentary Registrant #2: _____ Title _____

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

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 members, employees and agents, the Collyer Company 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, the Collyer Company and its employees and agents, as well as the IWCF, its members, employees and agents.

In addition, exhibitor acknowledges that the Sheraton Imperial Hotel, the Collyer Company, 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 or 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, the Collyer Company, and the IWCF shall be included in such policies as additionally named insureds for this convention only.

AUTHORIZED SIGNATURE: _____ DATE: _____