

2015 CareWorksComp Workers' Compensation and Safety Seminars

CareWorksComp seminars will take place from 8:00 a.m. - 1:00 p.m. We will address the BWC transition to a prospective premium payment system impacting all Ohio employers, timelines, lowering claim costs, hearings, incentive programs, unemployment cost control strategies and safety requirements. These seminars fulfill the BWC group two-hour safety training requirement for policy year 2014 group-rated and group retrospective employers with a claim in 2013. There is a \$40 fee to attend. Continental breakfast and snack will be provided. Claims administrators, safety coordinators, financial officers, payroll and human resource administrators, and supervisors are encouraged to attend.

Locations

May 19 - Columbus
Bridgewater Banquet & Conference Center
10561 Sawmill Parkway
Powell, OH 46035

May 20 - Cincinnati
Crowne Plaza
5901 Pfeiffer Road
Blue Ash, OH 45242

May 21 - Dayton
Kroc Center
1000 North Keowee Street
Dayton, OH 45404

May 26 - Canton
Courtyard by Marriott
4375 Metro Circle NW
Canton, OH 44720

May 27 - Cleveland
Holiday Inn Strongsville
15471 Royalton Road
Strongsville, OH 44136

May 28 - Toledo
Holiday Inn French Quarter
10630 Fremont Pike
Perrysburg, OH 43551

Registration

To register, please mail, fax or email the following information to Sarah Crouthamel:
Fax: 614.210.5840 Office: 800.837.3200, ext. 57245 Email: sarah.crouthamel@careworkscomp.com

Mail: 5500 Glendon Court, Dublin, OH 43016

Checks should be made payable to CareWorksComp.

Limited seating available. No refunds for cancellations without minimum seven-day notice. Please arrive 15 minutes early.





Attendees: _____

Company Name: _____ Email: _____

BWC Policy Number: _____ Phone Number: _____

Date and Location of seminar attending: _____

You may pay your CareWorksComp's Seminar fee by check or completing the credit card portion of this form.
We accept most major credit cards.

Payment Information	
<input type="checkbox"/>	<input type="checkbox"/> 
<input type="checkbox"/>	<input type="checkbox"/> 
<input type="checkbox"/>	<input type="checkbox"/> 
<input type="checkbox"/>	<input type="checkbox"/> 
<input type="checkbox"/>	<input type="checkbox"/> Check Enclosed
Credit Card Number _____	
Print Name as it Appears on Credit Card _____	
Address as it appears on your Credit Card Bill, if different from above _____	
Expiration Date _____	Amount to be paid _____
Authorized Signature _____	