

2017 CareWorksComp Workers' Compensation and Safety Seminars

CareWorksComp seminars will take place from 8:30 a.m. - 12:30 p.m. Our panel of experts will discuss: rates, hearings, claims management, safety, unemployment compensation, absence management and vocational rehabilitation. These seminars and the video/webinar fulfills BWC's two-hour safety training requirement for group and group retrospective employers. The fee is \$45 and includes a continental breakfast.

- Private employers - two-hour requirement for 2016 policy year with a claim from 7/1/14 to 9/30/15.
- Public organizations - two-hour requirement for 2017 policy year with a claim from 1/1/15 to 3/31/16.

Dates, Locations & Video/Webinar Option

April 25 - Cleveland
Holiday Inn Independence
6001 Rockside Rd.
Independence, OH 44131

May 2 - Columbus
Bridgewater Banquet Center
10561 Sawmill Pkwy
Powell, OH 43065

May 3 - Cincinnati
Holiday Inn - West Chester
5800 Muhlhauser Rd.
West Chester, OH 45069

Video/Webinar Option

For a fee of \$35, a video/webinar option is available to employers who wish to view a recording of the seminars at their convenience as an alternative to attending the seminar in person.

Registration

To register, please mail, fax or email the following information to Marcia Dennis:
 Fax: (614) 495-5137 Toll-free: 1-800-837-3200, ext. 52323 Email: marcia.dennis@careworkscorp.com
 Mail: CareWorksComp, Attn: Marcia Dennis, 5500 Glendon Court, Suite 300, Dublin, OH 43016
*Checks should be made payable to CareWorksComp. Limited seating available.
 No refunds for cancellations without minimum seven-day notice. Please arrive at least 15 minutes early.*

Attendees: _____

Company Name: _____ Email: _____

BWC Policy Number: _____ Phone Number: _____





Select date of seminar attending
(please choose one):

April 25th May 2nd May 3rd

Video Option *(the video will be provided to employers by mid-May)*

This registration form is also available online at www.careworkscorp.com/about/seminars/.

For credit card payments please complete the credit card portion of this form.

Payment Information	
<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 _____	