

EXHIBITOR & SPONSORSHIP REGISTRATION FORM

**TENNESSEE WORKERS' COMPENSATION
PHYSICIAN/ATTORNEY/MENTAL HEALTH PROVIDERS CONFERENCE
The Sheraton Music City Hotel, Nashville, TN . . . March 8-9, 2019**

EXHIBITOR & SPONSORSHIP OPPORTUNITIES

You are invited to register as an exhibitor or sponsor for the 2019 Annual Tennessee Bureau of Workers' Compensation Physician/Attorney/Mental Health Providers Conference. The Tennessee Bureau of Workers' Compensation and the International Workers' Compensation Foundation (IWCF) jointly sponsor this event, which focuses on medical topics of particular importance to physicians, attorneys, mental health providers, nurse practitioners, physician assistants, medical and administrative staff, and other professionals who are interested in medical issues involving Tennessee workers' compensation claims.

ATTENTION EXHIBITORS

Fee of \$750 includes two (2) complimentary registrations for **Exhibitor** representatives. Space is offered on a first come, first served basis and will only be reserved upon our receipt of your registration form, which may be faxed to (386) 677-0155 or emailed to iwcf@bellsouth.net. For additional information regarding exhibit area, contact the IWCF at IWCF@bellsouth.net or call (386) 677-0041. Exhibit setup will be on Friday, March 8, 2019, at 5:00 PM. Teardown will be on Saturday, March 9, 2019, at 5:30 PM. Registration fee includes one 6-foot draped table, two chairs, and registration for two representatives. Full fee forfeiture if unable to attend.

Exhibitor: \$750 Contribution \$_____

ATTENTION SPONSORS

The following **Sponsorship** levels are available (*check one or more*):

- Silver: \$500 Contribution \$_____**
 - Company name will appear on a large "Thank You Sponsor" poster.
- Gold: \$1,000 Contribution \$_____**
 - Company name and address will appear on a large "Thank You Sponsor" poster.
 - Company name and contact information will appear in conference program.
 - Includes 1 complimentary attendee registration.
- Event: Contribution Amount Varies**
 - Company name and address will appear on a large "Thank You Sponsor" poster.
 - Company name and contact information will appear in conference program.
 - Includes 2 complimentary attendee registrations.
 - Company name will appear on poster displayed during the function chosen (*select below*).

- Friday PM Break: \$1,500 \$_____**
- Saturday Breakfast: \$1,500 \$_____**
- Saturday AM Break: \$1,500 \$_____**
- Saturday Luncheon: \$2,500 \$_____**
- Saturday PM Break: \$1,500 \$_____**
- TOTAL \$_____**

***Sponsorship* deadline February 15, 2019. *Exhibitor* deadline March 1, 2019.**

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Contact Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____
(Please print exact company name as you wish it to appear on signage)

Exhibitors & Gold and Event Sponsors Only -- Complimentary Attendee

Name _____
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Exhibitors & Event Sponsors Only – Second Complimentary Attendee

Name _____
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Please make/mail check payable to:

IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174

Or fax credit card authorization form to (386) 677-0155

Telephone: (386) 677-0041; Fax: (386) 677-0155; Email: IWCF@bellsouth.net; Web: www.iwcf.us

Sponsorship form must be received no later than February 15, 2019, along with company logo and contact information. Exhibitor form must be received no later than March 1, 2019.

***CONTACT THE IWCF FOR INFORMATION ON THE 2019 TENNESSEE WORKERS'
COMPENSATION EDUCATIONAL CONFERENCE
EXHIBIT AND SPONSORSHIP OPPORTUNITIES
June 12-14, 2019, Embassy Suites, Murfreesboro, TN***

IWCF CREDIT CARD AUTHORIZATION FORM

Name of Event _____

Name of Registrant _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Please charge my credit card MasterCard Visa American Express
(check one)

Amount _____

Name on Credit Card _____

Credit Card Billing Address *(must match billing address at issuing bank)*

City _____ State _____ Zip _____

Credit Card Number _____

Credit Card Expiration Date _____

Credit Card CVV2 *(3 digit number on back of Visa/MC, 4 digits on front of AMEX)* _____

Date _____

Signature _____

Please return this form to IWCF.

Fax number 386-677-0155.

IWCF

570 Memorial Circle, Suite 320, Ormond Beach, FL 32174

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