WCCP
WORKERS' COMPENSATION CLAIMS PROFESSIONALS

in association with...

The Workers' Compensation Section of The Florida Bar

15th Annual WCCP Holiday Conference

Quorum Hotel - Tampa, FL

~ Thursday, December 10th, 2009 ~

Registration Form

MEMBER RATE VS NON-MEMBER RATE: The benefits of this one-day seminar are specifically designed for WCCP Members and Members of the WC Section of the Florida Bar. Vendors, or Service Partners who are interested in exhibiting, should contact the WCCP Association at 800-642-7774 or visit wccp.org for the appropriate exhibitor registration form. *Not a member and want to become one? Visit wccp.org!*

LICENSE NUMBER REQUIRED: Remember to bring your insurance license with you!

SEATING IS LIMITED! PRE-REGISTRATION & PAYMENT MANDATORY! Payment must accompany registration. Refunds less a $15.00 processing fee will be given for cancellations received by the WCCP no later than 12/1/2009. Absolutely no refunds will be given after this date. (as we must provide the hotel with guarantees). NSF checks will incur a $30.00 fee. Please allow sufficient mailing time for registration and payment to reach us. It is very easy to pre-register and pre-pay for this program. Simply complete the following registration form:

***Program Fees for this Event*:**

- **WCCP Members (Adjuster/Nurse/Case Managers)- $45.00**
- **Non-Members- (Adjuster/Nurse/Case Managers)- $100.00**
- **FL Bar Members - $100.00**
- **Late Registration Fee - $15.00** *(After 12/7/2009)*

Non-exhibiting vendors will not be permitted to attend.

Payment Information:

Payment Enclosed: _____

****Please Charge it:** _____

Total Payment Enclosed: $ _____

Registration: Please reserve a seat for: _____

Company Name: _____ Email: _____

Business Address: _____
Street or P.O. Box City State Zip

License #: _____ Phone #: _____ Fax #: _____

For Charge Card Payment: (MasterCard, Visa, or American Express)

Credit Card #: _____ Expiration Date: _____ Sec Code: _____

Name as it appears on Card: _____

Billing Address for Card: _____
Street or P.O. Box City State Zip

Signature _____ Date _____

Email Address _____ *(Required for registration confirmation and charge card authorizations. For charge card payments you will receive an email receipt immediately upon processing, so please watch for it.)*

Mail or Fax to:

Make checks payable to: "**WCCP Association**". Mail to P.O. Box 46879, Tampa, FL 33647. To charge your registration, complete the information above and fax to (813) 632-9377.