



The 2010 Florida Bar's Annual Workers' Compensation Forum
Thursday & Friday, April 14 - 16, 2010
Omni Orlando Resort at ChampionsGate
1500 Masters Blvd.
ChampionsGate, Florida 33898



Attorney/Bar Member/Mediator/Legal Assistant Registration Form

REGISTRATIONS: All program registrations and requests for course materials for the 2010 Florida Bar's W/C Forum are being handled by **The WCCP Association**, P.O. Box 46879, Tampa, FL 33647 (800) 642-7774 Fax: (813) 632-9377.

Register me for the "Florida Bar Workers' Compensation Forum" (April 14-16, 2010)

TO REGISTER BY MAIL, SEND THIS FORM TO: The WCCP Association, P.O. Box 46879, Tampa, FL 33647, or for Overnight Mail to 16011 N. Nebraska Ave., Ste 105, Lutz, FL 33549, with a check in the appropriate amount payable to The WCCP Association, or credit card information filled in below. If you have questions, call (800) 642-7774. Additional Course Books will be available for purchase beginning April 19, 2010.

Please Register (Name) _____ Florida Bar # _____

Company/Firm Name _____ Daytime Phone _____

Address _____ Email Address: _____

REGISTRATION FEE (CIRCLE ONE):

Florida Bar Workers' Compensation Section Member: **\$375.00** • Non-section member: **\$425.00** • **Legal Assistants: \$149.00** • *Other (see below) _____

*Full time law college faculty, full time law students, or persons attending under the policy of fee waivers: \$-0- (e.g. *Supreme Court, DCA, Circuit and County Judges, Magistrates, Judges of Compensation Claims, Administrative Law Judges, and full-time legal aid attorneys if directly related to client practice*). Note: State Mediators are extended a reduced rate of \$75.00. Legal Assistants are extended a rate of \$149.00.

Late Registrations (after April 2, 2010) and On-Site Registrations: **\$450.00** Please register early!

METHOD OF PAYMENT (CHECK ONE): _____ Check enclosed made payable to The WCCP Association
_____ Credit Card (Master Card, Visa, AmExp, Discover. Please Fax to 813-632-9377)

Name on Card _____

Credit Card Number _____ Exp Date: _____ *Security Code _____

Billing Address (*where you receive your billing statements*) _____
Street or P.O. Box _____ City _____ State _____ Zip _____

Signature: _____ *Email Address: _____
(**Note: For credit card charges, email address is mandatory. You will receive an email receipt immediately upon processing**)

_____ Please check here if you have a disability that may require special attention or services. To ensure availability of appropriate accommodations, attach a general description of your needs. We will contact you for further coordination.

REFUND POLICY: All refunds will incur a \$15.00 processing fee. Deadline for refund requests is April 2, 2010. Absolutely no refunds will be given after this date. All registration fees are non-transferable, unless transferred to a colleague registering at the same price. Persons attending under the policy of fee waivers are required to pay \$75.00. No exceptions. We must give guarantees to the hotel. A \$30.00 fee will be incurred for checks returned as non-payable due to non-sufficient funds.