



## REGISTRATION FORM

### 11<sup>th</sup> Annual South Florida W/C Claims Conference

Thursday, November 5<sup>th</sup>, 2009

Ft. Lauderdale Marriott North  
6650 North Andrews Ave., Ft. Lauderdale, FL 33309 (954) 771-0440  
7:30 a.m. - 4:30 p.m.

NAME: \_\_\_\_\_ License #: \_\_\_\_\_ SS#: \_\_\_\_\_

ARE YOU: WCCP Member \_\_\_\_\_ IARP Member \_\_\_\_\_ Fee: \$55.00

ARE YOU: Non-Member \_\_\_\_\_ Fee: \$100.00

All on-site registrations will incur an additional \$25.00 fee.

FEE ENCLOSED: \_\_\_\_\_ CHARGE CARD AUTH (See below): \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ I would like to charge my credit card (MasterCard, Visa, AmEx)\*

\_\_\_\_\_ Name (exactly as it appears on your card)

\_\_\_\_\_ Card Number

\_\_\_\_\_ Billing Address (where you get your bill)

\_\_\_\_\_ Exp Date (Mo/Yr) \_\_\_\_\_ Sec Code

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Email Address

\_\_\_\_\_ (Signature)

\*Email address is required as receipt for credit card charge will be emailed to you immediately upon completion.

**Mail C/C Charge Form  
Or Check, Payable to:**

**WCCP  
P. O. Box 46879  
Tampa, FL 33647**

**Fax to: (813) 632-9377**

Refunds less a \$15.00 processing fee will be given for cancellations received by the WCCP no later than 10/26/09. Absolutely no refunds after this date. Checks returned for non-sufficient funds will incur a \$30.00 charge.