

TWENTY-SECOND TENNESSEE
Workers' Compensation Educational Conference
June 12-14, 2019
EXHIBITOR & SPONSOR REGISTRATION FORM

ATTENTION EXHIBITORS

Fee of \$900 includes two (2) complimentary registrations for exhibitor representatives. Additional registrants will be accepted at the early bird rate of \$375 each. A separate registration form should be completed for each additional registrant.

Space is offered on a first come, first serve basis and will only be reserved upon our receipt of your registration form, which may be completed online, faxed to (386) 677-0155 or emailed to iwcf@bellsouth.net. For additional information regarding exhibit area, contact the IWCF office at (386) 677-0041. Booth setup will be in the exhibitor area on Wednesday, June 12, 2019, from 10:00 am to 1:00 pm. Teardown will be on Friday, June 14, 2019, at 11:30 am.

Registration fee includes one 6' draped table and two chairs, registration for two representatives and twenty-four hour security. Full fee forfeiture if unable to attend.

EXHIBITOR INSURANCE HOLD/HARMLESS CLAUSE

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend, save and hold harmless the International Workers' Compensation Foundation (IWCF), employees and agents, Chelsea Place Meetings and its employees and agents, the State of Tennessee and the Embassy Suites Nashville SE Hotel against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence or concurrent comparative negligence of the Embassy Suites Nashville SE Hotel and their employees and agents, Chelsea Place Meetings and its employees and agents, as well as the IWCF, its members, employees, agents and the State of Tennessee.

In addition, exhibitor acknowledges that the State of Tennessee, the Embassy Suites Nashville SE Hotel, Chelsea Place Meetings and the IWCF do not maintain insurance covering exhibitors' property or potential liabilities and that it is the sole responsibility of the exhibitor to obtain business interruption insurance, property damage insurance and liability insurance covering such losses by exhibitor. Exhibitor shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of comprehensive general liability insurance and contractual liability insurance and specifically referring to contractual liability set forth in the foregoing paragraphs hereof, in an amount not less than \$1,000,000.00 combined single limit for personal injury and property damage. The Embassy Suite Nashville SE Hotel, the State of Tennessee, Chelsea Place Meetings, and the IWCF shall be included in such policies as additionally named insureds for this convention only.

AUTHORIZED

SIGNATURE: _____

DATE: _____

Net proceeds from this event, if any, go to the International Workers' Compensation Foundation (FEIN# 35-1737364), a non-profit organization, to further its work in workers' compensation education and outreach.

SPONSORSHIP OPPORTUNITY

You are invited to register as a sponsor for the Tennessee Workers' Compensation Educational Conference. The following sponsorship levels are available:

- Silver:** **\$500 Contribution**
- Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.
- Gold:** **\$1,000 Contribution**
- Organization name, logo and contact information will appear in conference program.
 - Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.
 - One complimentary attendee registration.
- Events:** **Fee Variable**
- Reception, Breaks, Breakfast or Lunch.
 - Gold level inclusions plus two complimentary registrations.
 - Contact iwcf@bellsouth.net for event sponsor options.
 - Event Sponsors contact the IWCF directly to register.

CHECK CATEGORY WHICH APPLIES:

☐ EXHIBITOR AND/OR

☐ SPONSORSHIP: ☐ Gold ☐ Silver

Company Name: _____

Specialty: _____

Contact Person: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Email Address: _____

EXHIBITORS & GOLD SPONSORS

Comp Registrant #1: _____

Title: _____

Email Address: _____

EXHIBITORS ONLY

Comp Registrant #2: _____

Title: _____

Email Address: _____

Two registration options are available for exhibitors, and gold and silver sponsors

1. Payment by Credit Card (MasterCard, VISA or American Express) - go to www.iwcf.us/iwcfevents.html and click on link to Online Registration under TENNESSEE. (Credit Cards Only)

2. Payment by Check Complete, copy and return this form, along with a check made payable to the IWCF (International Workers' Compensation Foundation, Inc.) and mail to IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.

For additional information contact the IWCF office at: Phone (386) 677-0041 • Fax (386) 677-0155 • iwcf@bellsouth.net