

**22ND TENNESSEE WORKERS' COMPENSATION
EDUCATIONAL CONFERENCE
CONFERENCE SPONSORSHIP REGISTRATION FORM
The Embassy Suites Nashville SE . . . June 12-14, 2019**

You are invited to highlight your firm or organization as a conference sponsor for the 22nd Tennessee Workers' Compensation Educational Conference. This conference is hosted by the Bureau of Workers' Compensation and held in cooperation with the International Workers' Compensation Foundation, Inc., a non-profit organization (FEIN 35-1737364).

The following conference sponsorships are available (check all that apply)	Amount
<input type="checkbox"/> Silver Conference Sponsorship: \$500 Contribution	\$ _____
<ul style="list-style-type: none"> • Company name and logo will appear on a large "Thank You Sponsor" poster in registration and exhibit areas. 	
<input type="checkbox"/> Gold Conference Sponsorship: \$1,000 Contribution	\$ _____
<ul style="list-style-type: none"> • Company name and logo will appear on a large "Thank You Sponsor" poster in registration and exhibit areas. • Company name, logo, and contact information will appear in conference program. • Includes 1 complimentary attendee registration. 	
<input type="checkbox"/> Event Conference Sponsorship: Contribution Amount Varies* (check one or more)	
<ul style="list-style-type: none"> • Company name and logo will appear on a large "Thank You Sponsor" poster in registration and exhibit areas. • Company name, logo, and contact information will appear in conference program. • Company name and logo will appear on signage during the event chosen. • Includes 3 complimentary attendee registrations. 	
<i>*Joint sponsorships accepted for all events.</i>	
<input type="checkbox"/> PM Break (Day 1) \$2,500 \$ _____	<input type="checkbox"/> Luncheon (Day 2) \$10,000 \$ _____
<input type="checkbox"/> Reception (Day 1) \$10,000 \$ _____	<input type="checkbox"/> PM Break (Day 2) \$2,500 \$ _____
<input type="checkbox"/> Breakfast (Day 2) \$3,000 \$ _____	<input type="checkbox"/> Breakfast (Day 3) \$3,000 \$ _____
<input type="checkbox"/> AM Break (Day 2) \$2,500 \$ _____	<input type="checkbox"/> AM Break (Day 3) \$2,500 \$ _____
TOTAL	
\$ _____	

Payment by Credit card

- Silver and Gold Sponsorships - go to <https://www.compevent.com/tennessee>.
- Event Sponsorships - FAX w/attached IWCF Credit Card Authorization Form to 386-677-0155.

Payment by Check

- Enclose form with check payable to IWCF and mail to 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.

Sponsorship form *must be received no later than May 15, 2019*, along with company logo and contact information.

**CONTACT THE IWCF FOR INFORMATION ON CONFERENCE *EXHIBIT*
OPPORTUNITIES, *GALA* REGISTRATION, AND COMPLETE CONFERENCE
INFORMATION**

International Workers' Compensation Foundation
(386) 677-0041* Fax: (386) 677-0155 * IWCF@bellsouth.net * www.iwcf.us

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

***Sponsorship form must be received no later than May 15, 2019, along with
company logo and contact information.***

CONFERENCE SPONSORSHIP REGISTRATION

Gold and Event Sponsor – Complimentary Attendee

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

Event Sponsor Only – Second Complimentary Attendee

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

Event Sponsor Only – Third Complimentary Attendee

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

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

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

Web: www.iwcf.us