

TENNESSEE WORKERS' COMPENSATION CENTENNIAL GALA REGISTRATION

You are invited to join the Tennessee Bureau of Workers' Compensation in celebrating the 100th anniversary of the Tennessee workers' compensation system at a Centennial Gala at 6:30 PM on June 12. All net proceeds will benefit Kids' Chance of Tennessee.

Gala Individual Registration -- \$100 per person (conference registration not included)

*** Please copy this form for each registrant ***

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

Centennial Gala individual registration: \$100 \$ _____

Gala Sponsor – includes a reserved table for 8 -- \$1,000 per reserved table (conference registration not included)

*** Please attach list with names of attendees ***

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

Centennial Gala Sponsor w/reserved table for 8: \$1,000 \$ _____

TOTAL DUE \$ _____

Payment by Credit card

- Individual Gala registrations - go to <https://www.compevent.com/tennessee>.
- Gala Sponsor registrations - use attached IWCF Credit Card Authorization Form and FAX 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.

**CONTACT THE IWCF FOR INFORMATION ON CONFERENCE *EXHIBIT* &
SPONSORSHIP OPPORTUNITIES AND COMPLETE CONFERENCE
INFORMATION**

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

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

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Web: www.iwcf.us