



VIRGINIA WORKERS' COMPENSATION CENTENNIAL GALA SPONSOR REGISTRATION

To ensure that your guests feel special and welcome, please submit all guest names no later than the close of business on October 21.

(please check one or more of the following)

- Gala TICKET – \$100 each** *(conference registration not included)*
- Gala SILVER Sponsor – \$500; includes 2 Gala tickets and recognition on Thank You Gala Sponsors sign** *(conference registration not included)*
- Gala GOLD Sponsor – \$1,000; includes 4 Gala tickets and recognition on Thank You Gala Sponsors sign** *(conference registration not included)*
- Gala PLATINUM Sponsor – \$1,500; includes 6 Gala tickets, recognition on Thank You Gala Sponsors sign, and special recognition during the Gala** *(conference registration not included)*

Gala Sponsor Contact Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____

TOTAL DUE Centennial Gala *(conference registration not included)* \$ _____

Names of Gala Attendees (please copy this form for more than 6)

1. Name _____
Email _____
2. Name _____
Email _____
3. Name _____
Email _____
4. Name _____
Email _____
5. Name _____
Email _____
6. Name _____
Email _____

Payment by Credit Card

- *Gala Sponsor registrations - use attached IWCF Credit Card Authorization Form and FAX to 386-677-0155.*
- *Individual Gala registrations - Go to <https://www.compevent.com/virginia>.*

Payment by Check

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

FOR CONFERENCE INFORMATION, INCLUDING EXHIBITS & SPONSORSHIPS

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

570 Memorial Circle, Suite 320, Ormond Beach, FL 32174

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Web: www.iwcf.us