



EXHIBITOR REGISTRATION FORM

23RD ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

Los Angeles Airport Marriott Hotel - February 25-26, 2016

5855 West Century Boulevard, Los Angeles, California 90045 • (310) 641-5700

Oakland Marriott City Center - March 3-4, 2016

1001 Broadway, Oakland, California 94607 • (510) 451-4000

Fee of \$1,300 (per location) includes two (2) complimentary registrations for exhibitor representatives. Additional representatives may register at a rate of \$350 per person.

Two registration options are available for exhibitors:

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 CALIFORNIA.
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.

Space is offered on a first come, first serve basis and will only be reserved upon our receipt of this registration form. Forms may be faxed to (386) 677-0155 or emailed to IWCF@bellsouth.net. Once your registration form is received, the contact for the booth will receive additional hotel details and layout(s) for booth selection. For additional information regarding our exhibit areas, contact the International Workers' Compensation Foundation office at (386) 677-0041. Booth setup will be in the exhibitor area on Day 1 of the conference, 9:00 a.m. - 12:30 p.m., and teardown will be on Day 2 of the conference at 4:15 p.m.

REGISTRATION INFORMATION:

Company Name _____

Specialty _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Los Angeles Airport Marriott

Complimentary Registrant #1 _____ Title _____

Complimentary Registrant #2 _____ Title _____

Oakland Marriott City Center

Complimentary Registrant #1 _____ Title _____

Complimentary Registrant #2 _____ Title _____

REGISTRATION FEE OF \$1,300 PER LOCATION INCLUDES: 6' draped table & 2 chairs, registration for two representatives, identification sign (Oakland only) and 24-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), its members, employees and agents, Chelsea Place Meetings and its employees and agents, and the L. A. Airport Marriott/Oakland Marriott City Center against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or cause 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 L. A. Airport Marriott/Oakland Marriott City Center and their employees and agents, Chelsea Place Meetings and its employees and agents, as well as the IWCF, its members, employees and agents.

In addition, exhibitor acknowledges that the L. A. Marriott/Oakland Marriott City Center, 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. Insurance insuring 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 L. A. Airport Marriott/Oakland Marriott City Center, Chelsea Place Meetings, and the IWCF shall be included in such policies as additionally named insureds for this convention only.

AUTHORIZED SIGNATURE: _____ DATE: _____