

# 2017 CareWorksComp Workers' Compensation and Safety Seminars

CareWorksComp seminars will take place from 8:30 a.m. - 12:30 p.m. Our panel of experts will discuss: rates, hearings, claims management, safety, unemployment compensation, absence management and vocational rehabilitation. These seminars and the video/webinar fulfills BWC's two-hour safety training requirement for group and group retrospective employers. The fee is \$45 and includes a continental breakfast.

- Private employers - two-hour requirement for 2016 policy year with a claim from 7/1/14 to 9/30/15.
- Public organizations - two-hour requirement for 2017 policy year with a claim from 1/1/15 to 3/31/16.

## Dates, Locations & Video/Webinar Option

**April 25 - Cleveland**  
Holiday Inn Independence  
6001 Rockside Rd.  
Independence, OH 44131

**May 2 - Columbus**  
Bridgewater Banquet Center  
10561 Sawmill Pkwy  
Powell, OH 43065

**May 3 - Cincinnati**  
Holiday Inn - West Chester  
5800 Muhlhauser Rd.  
West Chester, OH 45069

### Video/Webinar Option

For a fee of \$35, a video/webinar option is available to employers who wish to view a recording of the seminars at their convenience as an alternative to attending the seminar in person.

## Registration

To register, please mail, fax or email the following form with payment to Marcia Dennis:  
 Fax: (614) 495-5137 Toll-free: 1-800-837-3200, ext. 52323 Email: [marcia.dennis@careworkscomp.com](mailto:marcia.dennis@careworkscomp.com)  
 Mail: CareWorksComp, Attn: Marcia Dennis, 5500 Glendon Court, Suite 300, Dublin, OH 43016  
*Checks should be made payable to CareWorksComp. Limited seating available.  
 No refunds for cancellations without minimum seven-day notice. Please arrive at least 15 minutes early.*

Attendees: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

BWC Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_





Select date of seminar attending  
(please choose one):

April 25<sup>th</sup>  May 2<sup>nd</sup>  May 3<sup>rd</sup>

Video Option (the video will be provided to employers by mid-May)

This registration form is also available online at [www.careworkscomp.com/about/seminars/](http://www.careworkscomp.com/about/seminars/).

For credit card payments please complete the credit card portion of this form.

| Payment Information  |  |
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| <input type="checkbox"/>    | <input type="checkbox"/>    |
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| <input type="checkbox"/> Check Enclosed  |  |
| Credit Card Number _____   |  |
| Print Name as it Appears on Credit Card _____  |  |
| Address as it appears on your Credit Card Bill, if different from above _____                                  |  |
| Expiration Date _____  | Amount to be paid _____  |
| Authorized Signature _____   |  |