

# 2018 CareWorksComp Risk Management and Cost Control Seminars

CareWorksComp seminars will take place from 8:30 a.m. – 12:30 p.m. Our panel of experts will discuss managed care, claims management, safety and unemployment compensation. The seminars or video option will fulfill BWC's two-hour safety training for employers that must meet the requirement. The fee is \$45 and includes a continental breakfast.

- Private employers - two-hour requirement for 2017 policy year with a claim from 7/1/15 to 9/30/16.
- Public organizations - two-hour requirement for 2018 policy year with a claim from 1/1/16 to 3/31/17.

## Dates, Locations & Video Option

April 17, 2018 - Columbus  
Bridgewater Banquet Center  
10561 Sawmill Pkwy  
Powell, OH 43065

April 18, 2018 - Cleveland  
Holiday Inn Independence  
6001 Rockside Rd.  
Independence, OH 44131

April 26, 2018 - Cincinnati  
Holiday Inn - West Chester  
5800 Muhlhauser Rd.  
West Chester, OH 45069

### Video Option

For a fee of \$35, a video 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 Hayat Kore:  
 Fax: (614) 210-5840 Toll-free: 1-800-837-3200, ext. 57245 Email: [hayat.kore@careworkscorp.com](mailto:hayat.kore@careworkscorp.com)  
 Mail: CareWorksComp, Attn: Hayat Kore, 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 17     April 18     April 26

Video Option *(the video will be provided to employers no later than June 1, 2018.)*

This registration form is available online at [www.careworkscorp.com/training/seminars](http://www.careworkscorp.com/training/seminars).

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

Payment Information	
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/>	<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 _____	