

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 information to Marcia Dennis:
Fax: (614) 495-5137 Toll-free: 1-800-837-3200, ext. 52323 Email: marcia.dennis@careworkscorp.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 25th ☐ May 2nd ☐ May 3rd

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

This registration form is also available
online at www.careworkscorp.com/about/seminars/.

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

Payment Information

☐  ☐  ☐  ☐  ☐ 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