



2018 Workers' Compensation Institute Registration Form

March 5-9, 2018

(Please Print All Information Clearly. Thank You!)

STATE FUND or SELF INSURED _____ (Please Indicate)

Name:	
International/ Local Union:	
Position(s) Held within Union:	
Address:	
City:	
State, Zip:	
Phone:	
E-Mail	
How Many Years Have You Attended the Institute?	

Please mail this form with your registration fee of \$300 per person to: Ohio AFL-CIO, Workers' Compensation Department, 500 South Front St., Suite 700, Columbus, OH 43215. If you need to register more than one person, please either copy this form or attach an additional sheet of paper with completed information. Checks payable to: Ohio AFL-CIO.

Advanced registration is required. On-site check in will be held at the Crowne Plaza North, 6500 Doubletree Avenue Columbus, OH 43229. on Sunday, March 4th from 5:00-6:00 p.m. and Monday, March 5th, from 9:00 a.m. – 11:00 a.m. (the Institute will begin immediately following registration). Representatives from the BWC will be on site Monday morning to answer questions and offer assistance regarding the BWC website, so please bring your laptop and Representative/ Local ID number.

Due to a limited number of rooms available, please make hotel reservations EARLY and DIRECTLY with the Crowne Plaza North at 614-885-1885. Identify yourself as being with the Ohio AFL-CIO.

NOTE: ROOM CUT-OFF DATE IS FEBRUARY 11, 2018

**Refunds will only be granted when notice is given prior to March 5th