

2016 CareWorksComp Workers' Compensation and Safety Seminars

CareWorksComp seminars will take place from 8:00 a.m. - 1:00 p.m. We will address the BWC transition to a prospective premium payment system impacting all Ohio employers, timelines, lowering claim costs, hearings, incentive programs, unemployment cost control strategies and safety requirements. These seminars fulfill the BWC group two-hour safety training requirement for policy year 2015 group-rated and group retrospective employers with a claim in 2014. There is a \$40 fee to attend. Continental breakfast and snack will be provided. Claims administrators, safety coordinators, financial officers, payroll and human resource administrators, and supervisors are encouraged to attend.

Dates & Locations

April 18 - Toledo
Hilton Garden Inn
6165 Levis Commons Blvd.
Perrysburg, OH 43551

April 19 - Wooster
Shisler Conference Center
1680 Madison Ave.
Wooster, OH 44691

April 20 - Cleveland
Holiday Inn Independence
6001 Rockside Rd.
Independence, OH 44131

April 27 - Dayton
Kroc Center
1000 North Keowee St.
Dayton, OH 45404

April 28 - Columbus
Bridgewater Banquet &
Conference Center
10561 Sawmill Pkwy
Powell, OH 43065

April 29 - Cincinnati
Crowne Plaza
5901 Pfeiffer Rd.
Blue Ash, OH 45242

Registration

To register, please mail, fax or email the following information to Sarah Sypniak:
Fax: (614) 210-5840 Toll-free: 1-800-837-3200, ext. 57245 Email: sarah.sypniak@careworkscorp.com
Mail: Attn: Sarah Sypniak, 5500 Glendon Court, Dublin, OH 43016
*Checks should be made payable to CareWorksComp. Limited seating available.
No refunds for cancellations without minimum seven-day notice. Please arrive 15 minutes early.*

Attendees: _____





Company Name: _____ Email: _____

BWC Policy Number: _____ Phone Number: _____

Date and Location of seminar attending: _____

To register online employers may also go to <http://www.careworkscorp.com/about-careworkscorp/seminars/>.

You may pay your CareWorksComp seminar fee by check or completing the credit card portion of this form. We accept most major credit cards.

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 _____	