

2018 CareWorksComp Risk Management 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
 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: _____

Address: _____ City, State Zip: _____

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/

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 _____	