



Annual Holiday Conference

Wednesday, December 7, 2016 8:30 A.M. – 3:00 P.M.

Sheraton Tampa East Hotel

(Deadline for discounted room rate of \$119.00 is 11/3/2016, while room block is available)

10221 Princess Palm Ave., Tampa, FL 33610

(813) 623-6363

Sponsor Registration Form

(Non-sponsoring vendors will not be permitted to attend)

Sponsorship Fees:

WCCP Service Partner Members - \$550.00 ♦ Non-WCCP Member Vendors/Service Providers- \$650.00

***Additional member rep: \$100.00, additional non-member rep: \$150.00. Limited to two representatives per sponsorship.**

Interested in being a WCCP Service Partner Member, visit our site at www.wccp.org to get started!

Sponsors will be entitled to:

- ♦ Recognition in the opening slide presentation and throughout the Conference, with your company listed in the program materials. For customized presentations, digital images (high resolution .jpg, .gif images, or a PPT slide) must be supplied by **11/18/2016**.
- ♦ One complimentary registration for a special client. *(Does **not** apply to additional vendor reps or company representative. Your client should be a licensed adjuster, nurse/case manager, supervisor, or manager, actively engaged in workers' compensation claims handling. Does not include any individual involved in marketing or sales of products or services, regardless of licensure.)*
- ♦ A 6' exhibit table to display your marketing/collateral material. **Due to space constraints, no floor exhibits permitted.**
- ♦ Hard copy and electronic attendance roster.
- ♦ Opportunity for a Door Prize giveaway by sponsoring Service Providers.
- ♦ Sponsorship includes: Continental Breakfast, Lunch, Networking Opportunities, and CE's (if applicable).

Set-up & Breakdown

- ♦ Set-up hours are on Tuesday evening, December 6th, between 5-7 PM and Wednesday morning between 6-7AM
- ♦ Breakdown will be at the conclusion of the conference. No early breakdowns allowed.



Annual Teddy Bear Drive

Don't forget to bring your bears
12-16"

Total Payment Enclosed \$ _____

Make checks payable to: "WCCP" and mail to P.O. Box 128, Dade City, FL 33526, or charge your registration by completing the following and fax to (866) 616-1220. You'll receive an email receipt immediately upon processing.

Registration: Please reserve sponsorship space for: _____ Additional Rep _____

Company Name: _____ Email: _____

Business Address: _____
Street or P.O. Box City State Zip

Credit Card Payment:



Name as it appears on Card: _____ Phone #: _____ Fax #: _____

Credit Card# _____ Exp Date: _____ Sec Code: _____

Billing Address for Card: _____
Street or P.O. Box City State Zip

Signature _____ Date _____ Email Address _____

Deadline: Sponsor registration and payment must be received no later than 11/25/2016. No refunds issued after 11/18/2016
Cancellations prior to the deadline will receive a refund less \$15.00 processing fee. NSF Checks will incur a \$30.00 fee.