



# Attendee Registration Form

*(Remember to bring your License to this event)*

## Annual Holiday Conference

Thursday, December 13, 2018 8:30 A.M. – 3:00 P.M.

Sheraton Tampa East Hotel

*(Deadline for discounted room rate of \$129.00 is 11/12/2018, while room block is available)*

10221 Princess Palm Ave., Tampa, FL 33610

(888) 627-8169



**Annual Teddy Bear Drive**  
Don't forget to bring your bears  
12-16"

### Attendee Fees:

WCCP Members (Adjuster/Nurse/Case Managers) - \$45.00  
Non-WCCP Members (Adjuster/Nurse/Case Managers) - \$120.00  
Florida Bar Members - \$120.00

**( Note: Non-Sponsoring Vendors will NOT be Permitted to Attend)**

**Late/Onsite Registration Fee – Additional \$25.00 (After 12/01/2018)**

Interested in being a WCCP Member, visit our site at [www.wccp.org](http://www.wccp.org) to get started!

### **WCCP Awesome Leadership Award**

The WCCP Association will present one individual with our “Awesome Leadership Award”. This award is designed to honor a supervisor or management level employee who exemplifies strong leadership, dedication to their profession, and who has been an inspiration to their fellow peers and employees within their organization and within the community. To nominate an individual who possess these attributes and has encouraged your professional development, or is a supervisor/manager on your management team, please complete the nomination form on our website at,

[www.wccp.org](http://www.wccp.org)

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 a seat for: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Street or P.O. Box

City

State

Zip

### Credit Card Payment Information



Credit Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_ \*\*Phone #: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Street or P.O. Box

City

State

Signature \_\_\_\_\_ Date \_\_\_\_\_ \*\*Email Address \_\_\_\_\_

(\*\*required for registration confirmation and cc authorizations. For cc payments you will receive an email receipt immediately upon processing, so please watch for it.)

**Cancellation Deadline: No refunds will be issued after 11/12/2018. Cancellations prior to the deadline will receive a refund less \$15.00 processing fee. NSF Checks will incur a \$30.00 fee.**

