



Sponsorship Registration Form

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

Annual Holiday Conference

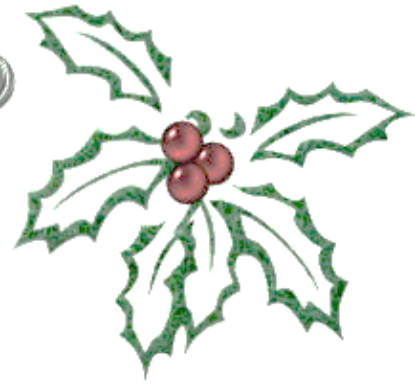
Thursday, December 13, 2018 8:30 A.M. – 3:00 P.M.

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"

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 one additional representative per sponsorship.

Interested in being a WCCP 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 **12/01/2018**.
- ♦ 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, floor exhibits NOT permitted.**
- ♦ Hard copy and electronic attendance roster.
- ♦ Opportunity for a Door Prize giveaway by sponsoring Service Providers.
- ♦ Sponsorship includes: (1) Company Representative, Continental Breakfast, Lunch, Networking Opportunities, and CE's (if applicable).

Set-up & Breakdown

- ♦ Set-up hours are on Wednesday evening, December 12th between 6-8 PM and Thursday morning, December 13th between 6-7AM.
- ♦ Breakdown will be at the conclusion of the conference. No early breakdowns allowed.

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: Company Name: _____ Phone#: _____ **Total Payment \$** _____

Attending Rep: _____ Email: _____

Additional Rep: _____ 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 Zip

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.

