



28th Annual Claims Management & Leadership Conference

Registration Form

June 9- 12, 2019

Hyatt Regency Coconut Point, Bonita Springs, Florida

| | | | |
|--------------------------|--|---------------------|-----|
| Full Name | Company / Organization | Badge Name | |
| Professional Designation | Adjuster / Agent / RN / CCM / CDMS / or Bar # | *Spouse / Companion | |
| Mailing Address | City | State | Zip |
| Daytime Phone | Fax Number | Email Address | |

REGISTRATION INFORMATION

(**Please fill in rate for appropriate registration)

Full Conference:

_____ WCCP Member Registration

- **\$295.00** Member Adjuster/RN/Claim/Risk & Ins Pros
- **\$475.00** Member Service Partners/Vendors/Attorneys
- **\$575.00** Non-Members

_____ Late/On-Site Registration - Received **after May 31, 2019** (or on-site at the Conference)

- **\$395.00** Member Adjuster/RN/Claim/Risk & Ins Pros
- **\$650.00** All Others

_____ *Spouse / Companion Registration

- **\$170.00** Provides admission to breakfast, lunch, receptions and special events. *Add name above*

***Note: Spouses/companions does not include industry professionals also working in the W/C or P&C claims industry.**

To ensure that your name is on the conference roster distributed at the 28th Annual Claims Management & Leadership Conference, we must receive your registration form and payment by May 31, 2019.

PAYMENT INFORMATION (Please check payment method):

- _____ Visa*
 _____ MasterCard*
 _____ American Express*
 _____ Discover*
 _____ Check



(*The WCCP Association will be processing all credit card charges for this conference. You will receive an email receipt immediately upon processing.)

\$ _____ Total Payment (Enclosed / Authorized)

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: _____ *CVV Security Code: _____
(*3-4 digit number found on front/back of card)

Email Address: _____
(*You will receive an email receipt at this address immediately upon processing.)

*Billing Address: _____
(*The address where you receive your bill)

City: _____ State: _____ Zip: _____

Signature: _____

MAILING INFORMATION:

The WCCP will be collecting all funds for this Conference. Please send payment made payable to:

WCCP Association, P.O. Box 128, Dade City, FL 33526 (Please do **not** send registrations by U.S. Post Office Certified Mail)

For overnight mail, send to Hosman & Associates at 31251 Reed Road Dade City, FL 33523. If paying by credit card, you may fax this form to our secure e-fax at (866) 616-1220.

CONFERENCE UPDATES:

Conference materials and workshop agenda, with dates and times of workshops and events, will soon be available on our website at www.wccp.org. For additional assistance, please contact the WCCP Association at (800) 642-7774, or email us at tanyea@hosmanassociates.com.

CANCELLATION POLICY:

Full refunds (less a \$50 processing charge) will be made for cancellations received no later than May 10, 2019. Cancellations must be submitted in writing via fax or e-mail. No refunds will be made after this date, however, registration may be transferred to a colleague registering at the same price.