

EXHIBITOR REGISTRATION

To Register Online:

Register online at: www.dli.pa.gov, click on Businesses, next click on Workers' Compensation Services and then on Conferences, Seminars, Training.

To Register By Mail:

Mail your check or money order for **\$750**, payable to the Commonwealth of PA, along with this completed form by **May 25, 2018**, to:

Bureau of Workers' Compensation
1171 S. Cameron St., Room 324
Harrisburg, PA 17104-2501

Booth space will not be held until the bureau is in receipt of exhibitor's Certificate of Liability and a Requirements Acknowledgement Form signed by the two exhibit booth representatives (acknowledgement form is available at: www.dli.pa.gov, click on Businesses, next click on Workers' Compensation Services and then on Conferences, Seminars, Training or by emailing: ra-li-bwc-helpline@pa.gov). Upon receipt of payment and documentation, booth space will be assigned.

Provide all information requested below (business card may be attached). Incomplete forms will not be accepted.

Company: _____
(as will be shown on booth name sign)

FEIN: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Brief description of products/goods/services:

Exhibit Booth Representative

(Up to two names):

Name 1: _____

Name 2: _____

Company: _____

Address: _____

City: _____

State, ZIP: _____

County: _____

Phone: _____

Fax: _____

Email: _____

Name 1: I will attend dinner on June 7:

☐ YES ☐ NO

Name 2: I will attend dinner on June 7:

☐ YES ☐ NO

Name 1: First-time attendee: ☐ YES ☐ NO

Name 2: First-time attendee: ☐ YES ☐ NO

Check your affiliation:

- ☐ Case management
- ☐ Claimant attorney
- ☐ Court reporting
- ☐ Defense attorney
- ☐ Employer
- ☐ Government
- ☐ Health & Safety
- ☐ Health care industry
- ☐ Insurance industry
- ☐ Investigator
- ☐ Labor
- ☐ Medical products
- ☐ Third-party administrator
- ☐ Translation
- ☐ Transportation
- ☐ Utilization review
- ☐ Vocational rehabilitation
- ☐ Other (specify): _____