

2012 CareWorks Consultants Workers' Compensation and Safety Seminars

This year's CareWorks Consultants seminars will take place from 8:00 a.m. - 3:30 p.m. We will address BWC's newest program, Destination Excellence, implementing a Transitional Work program and Hazard Recognition. There is a \$40 fee to attend. Continental breakfast and lunch will be provided at all seminars. Claims administrators, safety coordinators, financial officers, payroll and human resource administrators, and supervisors are encouraged to attend. **These seminars will fulfill the new BWC- required two hour safety training for group-rated employers who experienced a claim in 2009 and/or 2010.**

Locations

April 9 - Akron
 Holiday Inn Akron West
 4073 Medina Road
 Akron, OH 44333

April 10 - Cleveland
 Holiday Inn Independence
 6001 Rockside Road
 Independence, OH 44131

April 11 - Toledo
 Holiday Inn French Quarter
 10630 Fremont Pike
 Perrysburg, OH 43551

April 12 - Cincinnati/Dayton
 Great Wolf Lodge - Mason
 2501 Great Wolf Drive
 Mason, OH 45040

April 16 - Columbus
 Quest Business Center
 8405 Pulsar Place
 Columbus, OH 43240

Registration

To register, please mail, fax or e-mail the following information to Bonnie Hursey:
 Fax: 614.210.5840 Office: 800.837.3200, ext. 7245 E-mail: Bonnie.Hursey@ccitpa.com
 Mail: 5500 Glendon Court, Dublin, OH 43016
*Checks should be made payable to CareWorks Consultants, Inc.
 Limited seating available. No refunds for cancellations without minimum seven-day notice.*



Attendees: _____

Company Name: _____ Email: _____

BWC Policy Number: _____ Phone Number: _____

Date and Location of seminar attending: _____

You may pay your CareWorks Consultants' Seminar Fee by check, completing the credit card portion of this form or online by visiting: www.careworksconsultants.com/pay.php
 We accept most major credit cards.
 Check here if paying online.

Payment Information	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Check Enclosed
Credit Card Number _____	
Print Name as it Appears on Credit Card _____	
Address as it appears on your Credit Card Bill, if different from above _____	
Expiration Date _____	Amount to be paid _____
Authorized Signature _____	