

2016 CareWorksComp Workers' Compensation and Safety Seminars

CareWorksComp seminars will take place from 8:00 a.m. – 1:00 p.m. We will address the BWC payroll true-up process required for the prospective premium payment system impacting all Ohio employers, timelines, lowering claim costs, hearings, incentive programs, unemployment cost control strategies and safety requirements. These seminars fulfill the BWC group two-hour safety training requirement for policy year 2015 group-rated and group retrospective employers with a claim in 2014. There is a \$40 fee to attend. Continental breakfast and snack will be provided. Claims administrators, safety coordinators, financial officers, payroll and human resource administrators, and supervisors are encouraged to attend.

Dates & Locations

April 18 - Toledo
Hilton Garden Inn
6165 Levis Commons Blvd.
Perrysburg, OH 43551

April 19 - Wooster
Shisler Conference Center
1680 Madison Ave.
Wooster, OH 44691

April 20 - Cleveland
Holiday Inn Independence
6001 Rockside Rd.
Independence, OH 44131

April 27 - Dayton
Kroc Center
1000 North Keowee St.
Dayton, OH 45404

April 28 - Columbus
Bridgewater Banquet &
Conference Center
10561 Sawmill Pkwy
Powell, OH 43065

April 29 - Cincinnati
Crowne Plaza
5901 Pfeiffer Rd.
Blue Ash, OH 45242

Registration

To register, please mail, fax or email the following information to Sarah Sypniak:
Fax: (614) 210-5840 Toll-free: 1-800-837-3200, ext. 57245 Email: sarah.sypniak@careworkscorp.com
Mail: CareWorksComp, Attn: Sarah Sypniak, 5500 Glendon Court, Dublin, OH 43016
*Checks should be made payable to CareWorksComp. Limited seating available.
No refunds for cancellations without minimum seven-day notice. Please arrive 15 minutes early.*

Attendees: _____





Company Name: _____ Email: _____

BWC Policy Number: _____ Phone Number: _____

Date and Location of seminar attending: _____

To register online employers may also go to <http://www.careworkscorp.com/about-careworkscorp/seminars/>.

You may pay your CareWorksComp seminar fee by check or completing the credit card portion of this form. We accept most major credit cards.

Payment Information	
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<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 _____	