



2008 Workers' Compensation Institute Registration Form
(Please Print All Information Clearly. Thank You!)

STATE FUND or SELF INSURED _____ (Please Indicate)

PERSONAL INFORMATION

FIRST NAME / MIDDLE INITIAL		How Many Years Have You Attended this School:
LAST NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
COUNTY WHERE YOU LIVE:		

UNION INFORMATION

INTERNATIONAL:		
LOCAL UNION NUMBER:		
LOCAL UNION ADDRESS:		
CITY:	STATE:	ZIP:
COUNTY (not country) WHERE YOUR LOCAL UNION OFFICE IS LOCATED:		
POSITION(S) YOU HOLD WITH YOUR UNION:		

PHONE, FAX, EMAIL INFORMATION

DAYTIME PHONE: ()	EVENING PHONE: ()
CELL PHONE: ()	FAX: ()
EMAIL ADDRESS:	

Do you belong to any of the following organizations? Please check all that apply.

CBTU ____ APRI ____ NAACP ____ CLUW ____ NOW ____ League of Women Voters

AARP ____ Alliance for Retired Americans ____ Are You Retired? ____

Please mail this form with your registration fee of \$250 per person to: Ohio AFL-CIO, Workers' Compensation Department, 395 E. Broad St., Suite 300, Columbus, OH 43215. If you need to register more than one person, please either copy this form or attach an additional sheet of paper with completed information. Check payable to: Ohio AFL-CIO.

Advanced registration is required. On-site Institute check in will be held at the Midwest Hotel and Conference Center, 4900 Sinclair Road (I71 & Morse), Columbus, Ohio on Sunday, February 17 from 5:00 -7:00 p.m. and again on Monday, February 18, from 7:30 - 9:00 a.m. (the Institute will begin immediately following registration).

Due to a limited number of rooms available, please make hotel reservations EARLY and DIRECTLY with the Midwest Hotel and Conference Center at 614.846.0300. Identify yourself as being with the Ohio AFL-CIO.

NOTE: ROOM CUT-OFF DATE IS JANUARY 27, 2008