



**2010 Workers' Compensation Institute Registration Form**  
***(Please Print All Information Clearly. Thank You!)***

STATE FUND or SELF INSURED \_\_\_\_\_ (Please Indicate)

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| <b>Name:</b>   |  |
| <b>International/<br/>Local Union:</b>                         |  |
| <b>Position(s) Held<br/>within Union:</b>                      |  |
| <b>Address:</b>  |  |
| <b>City:</b>   |  |
| <b>State:</b>  |  |
| <b>Phone:</b>  |  |
| <b>E-Mail</b>  |  |
| <b>How Many Years<br/>Have You Attended<br/>the Institute?</b> |  |

Please mail this form with your registration fee of \$300 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. Checks payable to: Ohio AFL-CIO.

Advanced registration is required. On-site check in will be held at the Renaissance Hotel, 50 North 3<sup>rd</sup> St., Columbus, Ohio on Monday, March 8<sup>th</sup>, from 10:00 a.m. – 1:00 p.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 Renaissance Hotel at 800-417-1057. Identify yourself as being with the Ohio AFL-CIO.

**NOTE: ROOM CUT-OFF DATE IS FEBRUARY 15, 2010**

**\*\*Refunds will only be granted when notice is given prior to March 8<sup>th</sup>**