

Registration for 5 or More Attendees

**NATIONAL ASSOCIATION OF WORKERS' COMPENSATION JUDICIARY
2017 JUDICIARY COLLEGE
AUGUST 6-9, 2017
Orlando World Center Marriott**

IMPORTANT: YOU MUST fill in and submit the contact information form on the next page for EACH attendee you are registering.

COLLEGE REGISTRATION FEES *YOU MUST BE AN ADJUDICATOR TO ATTEND.*

Advance Registration for 5 or More Members of NAWCJ at 5% Discount:

- \$213.75 each until June 30, 2017
- \$251.75 each after June 30, 2017

Advance Registration for 5 or More Non-Members of NAWCJ at 5% Discount

- \$332.50 each until June 30, 2017
- \$342.00 each after June 30, 2017

Registration for the Judiciary College will include conference handout materials, access to the exhibit area, Monday night reception, and participation in the Annual Workers' Compensation Educational Conference.

ITEM	QUANTITY	EARLY BIRD PRICE Each	PRICE AFTER June 30th Each	TOTAL
NAWCJ Member		\$213.75	\$251.75	\$
NON-Member		\$332.50	\$342.00	\$
Sponsorships No discounts apply				
Judiciary College Sponsorship		\$1000.00	\$1000.00	\$
Table Top Booth		\$500.00	\$500.00	\$
Beverage Break Sponsorship Select Day(s) ___Monday ___Tuesday ___Wednesday		\$250.00/Break	\$250.00/Break	\$
ALL Day Break Sponsorship (Total of 3)		\$500.00/Day	\$500.00/Day	\$
			GRAND TOTAL	\$

Payment Information

Company Name: _____ **Contact Name:** _____

Street Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email: _____ **Website:** _____

Method of Payment: Check Visa/MasterCard/Amex/Discovery

Account Number: _____ **Exp:** _____ **CVV:** _____

Cardholder's Name _____ **Cardholder Signature** _____

ATTENDEE CONTACT INFORMATION

Full Name:	
First Name for Badge:	
Agency Name: (as you wish it to appear on name badge)	
Title:	
Business Mailing Address:	
City:	
State:	
Zip:	
Telephone Number:	
Fax Number:	
Email Address:	
Agency Website:	
Bar/License Number:	
Bar/License Number:	

HOTEL ACCOMMODATIONS:

For your convenience a block of sleeping rooms has been reserved at The Caribe Royale Orlando (8101 World Center Dr, Orlando, FL 32821, 888-258-7501) for this event. Please complete the following information and a reservation will be processed for you. The sleeping room rate is \$114. Cut-off date is July 6.

Number of Rooms: _____ Arrival Date: _____

Room Type: ___Double ___King Departure Date: _____

_____ Check here if you have special needs that require attention.

Make Checks Payable To:

The National Association of Workers' Compensation Judiciary, Inc.
FEIN # 26-4598530

Mail completed registration form and check to:

The National Association of Workers' Compensation Judiciary, Inc.
P.O. Box 200
Tallahassee, FL 32302-0200

or FAX form, with payment information to: 850-521-0222.