

**NATIONAL ASSOCIATION OF WORKERS' COMPENSATION JUDICIARY**

**2018 New Judges' College**

**"Boot Camp"**

**MARCH 1 - 2, 2018**

The Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, Nashville, TN 37243

***YOU MUST BE AN ADJUDICATOR TO ATTEND.***

**COLLEGE REGISTRATION FEE:** Registration fee for the New Judges' College is \$225.00 per person.

\_\_\_\_\_ **\$225** College registration will include writing handout materials. All other materials will be e-mailed to registrants prior to the event.

**ASSOCIATION MEMBERSHIP:** To become a member of the NAWCJ, please select from the following:

\_\_\_\_\_ **Member \$75 - one year (Workers' Compensation Judges)**

\_\_\_\_\_ **Member \$195 - three years ( Workers' Compensation Judges)**

\_\_\_\_\_ **Indicate Total Charges**

**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:	
Continuing Legal Education or Bar License Number:	
State/Jurisdiction Association:	

**HOTEL ACCOMMODATIONS:** Book your hotel reservation at the group rate for the NAWCJ New Judges' College. For your convenience, blocks of sleeping rooms are available at the following:

- **Fairfield Inn**, (615) 432-4677 - [goo.gl/PGNFme](http://goo.gl/PGNFme) (Shortened URL)
- **Candlewood Suites**, (615) 787-8787 - <https://www.ihg.com/candlewood/hotels/us/en/nashville/bnafr/hoteldetail>

Both hotels are within walking distance of the conference site. Please contact the hotel directly for accommodations.

**REGISTRATION:** To register, mail the completed registration form from the next page with credit card information or a check.

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**Payment Information**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Method of Payment:**                      **Check**                       **Visa/MasterCard/Amex/Discover**

**Account Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_ **Cardholder's Signature** \_\_\_\_\_

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.