

Registration

This is a complimentary seminar. Please detach and return the registration form by October 16, 2017 to:

Healthcare Workers' Compensation Fund
P.O. Box 211359
Montgomery, Alabama 36121-1359
Phone: (334) 271-5515 or 1-800-821-9605
Fax: (334) 386-4529

If you register and are unable to attend, please contact us and cancel your reservation. If someone would like to attend in your place, please call and provide us with the name/title or share this information at the registration desk the day of the seminar.

Participants:

Name: _____

Title: _____

Facility: _____

Phone: _____

Name: _____

Title: _____

Facility: _____

Phone: _____