



Kentucky Workers' Compensation Education Association

2014 Annual Conference | December 11 & 12 | Marriott Louisville East

Exhibitor Information

Company Name: _____

Contact Person: _____ Phone: (____) _____

Address: _____

Email Address: _____ Fax: (____) _____

Name of person working booth: _____

EXHIBITOR FEE IS \$600.00. If electric is needed, there will be an extra charge of \$25.00.
Fee includes booth space with 6' table, attendee, breaks, cocktails, breakfast, lunch.

PAYMENT ENCLOSED:	Exhibitor	\$ <u>600.00</u>
	Electric	\$ _____

	Total	\$ _____

**** All Breaks, Breakfast, Cocktail Party will be set up in and around the exhibitor space. ****

Any questions or comments please contact me at 502-495-5040 or email matthew.williams@omca.biz.

Check enclosed payable to KWCEA
Mail to: KWCEA
c/o OMCA
2211 Greene Way
Louisville, KY 40220

Ch # _____
Amt \$ _____

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Signature _____

CANCELLATIONS: PLEASE NOTE THERE WILL BE NO REFUND FOR EXHIBITOR FEE IF CANCELLATION IS NOT RECEIVED 30 DAYS PRIOR TO THE EVENT DATE. EXHIBIT SPACE IS ON A FIRST COME BASIS.

