

Kentucky Workers' Compensation Education Association

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

Exhibitor Information

Company Name:			
Contact Person:			
Address:			
Email Address:			
Name of person working booth:			
EXHIBITOR FEE IS \$600.00.	If electric is needed, 1		narge of \$25.00.
PAYMENT ENCLOSED:	Exhibitor Electric	\$ <u>600.00</u> \$	
	Total	\$	
** All Breaks, Breakfa	st, Cocktail Party wi	ll be set up in and aro	und the exhibitor space. **
Any questions or comments plea	ase contact me at 502	-495-5040 or email <u>mat</u>	thew.williams@omca.biz.
	Mail to 22	ed payable to KWCEA : KWCEA c/o OMCA :11 Greene Way tisville, KY 40220	Ch# 222
() Visa () Mass	ter Card () Disc	over
Card #		Exp Date	Card Amt \$
Signature		-	



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Sponsorship Levels

\$2,000.00	cocktails party, o	Exhibit Booth, 2 conference registrants, highlighted at the larger functions (i.e. cocktails party, charitable Kids' Chance event, or lunch), highlighted as key sponsor on sponsor board.				
\$1,000.00	1 conference reg	1 conference registrant, highlighted as a break sponsor, name on sponsor board.				
\$500.00	1 conference reg	1 conference registrant, name on sponsor board.				
TOTAL OF SPONSORSHIP			\$			
Company Name:						
Contact Person:		Phone: ()				
Address:						
Email Address:			Fax: ()			
Attendee name(s):						
Name	email address	Name	email address			
Booth information (if a	applicable)					
Booth attendant:						
Name	email address					

Make checks payable to KWCEA and mail to:

KWCEA

c/o OMCA

2211 Greene Way

Louisville, KY 40220