



**Kentucky Workers' Compensation Education Association**

**2017 Annual Conference | December 7 & 8 | Louisville Marriott East**

***Exhibitor Registration***

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Booth Attendant: \_\_\_\_\_

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, call Matthew Williams at 502-495-5040 or email [matthew.williams@omca.biz](mailto:matthew.williams@omca.biz).

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

Ch # _____
Amt \$ _____

**Visa**       **Master Card**       **Discover**

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Card 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.