



2017 MSWCA ATTENDEE REGISTRATION

Name: _____ Title _____

Email: _____

Company _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Reservation's for Crowne Plaza: 865-522-2600 Room Rate \$118 per night, plus tax. Room rate honored for 3 days pre- or post- conference. The extended rates will be subject to availability. So make your reservation early, if you would like to take advantage of this rate. www.crowneplaza.com/knoxville

To receive the above rates please identify the group name of (Mid-South Worker's Compensation Associations).

Name: _____ Title: _____ Paid: _____

Name: _____ Title: _____ Paid: _____

Name: _____ Title: _____ Paid: _____

Name: _____ Title: _____ Paid: _____

Payment Enclosed: Attendee Fee: \$150 paid by July 31, 2017

Total # of Attendees: _____

\$175 paid after August 1, 2017

Total Payment Enclosed: Paid Amount: \$ _____

Make Check payable to MSWCA or pay at www.mswca.org.

SIGN AND RETURN TO: MSWCA-2017 Conference
Attn: Jackson Vaughan
P. O. Box 31722
Knoxville, TN 37930

Please attach a copy of your registration form to your payment.

For questions please contact: Deborah McGaugh - deb_mcgauigh@yahoo.com or Sherry Harris- sharris@letprohelp.com

FOR MSWCA Use: Receipt of Payment \$ _____ Check# _____
Company _____ Date received: _____
Received by: _____