

Exhibitor Information and Registration

Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

FEE - \$400.00

This includes only ONE registration for exhibitor representative. No exhibitor may attend any of the program unless they are a paid registrant. Checks should be made payable to IAWC and sent to:

Iowa Association of Workers' Compensation Lawyers, Inc.
P.O. Box 57520
Des Moines, IA 50317

ADDITIONAL EXHIBITOR REPRESENTATIVE
(Type or print exactly as it should appear on your badge)

Name _____

Title _____

Company _____

City _____

Fee includes 6' draped table and two chairs. Seminar registration is for ONE representative. Set-up time is after 7:30 p.m., Wed., Oct. 17, 2018

SIGNS ARE TO BE FURNISHED BY EXHIBITOR