



The Roger L. Williams National Regulators College

August 20-21, 2018 Orlando, Florida

**Presented By:
The Southern Association of Workers' Compensation Administrators
The Self-Insurance Guaranty Funds of America**

**Sponsored By: Workers' Compensation Institute
And Held In Conjunction With The 73rd Annual WCI Workers' Compensation Educational Conference**

Application & Admissions Form

The Southern Association of Workers' Compensation Administrators (SAWCA), the Self Insurance Guaranty Funds of America (SIGFA), and WCI welcome you to the 2018 Roger L. Williams National Regulators College held August 20-21, 2018 in conjunction with the WCI convention at the Orlando World Center Marriott Hotel located at 8701 World Center Drive, Orlando, FL 32821.

The curriculum represents a program specifically designed for regulators by regulators covering the full scope of regulatory responsibilities faced by today's state officials. Veteran regulators & renowned industry experts will lead a discussion-oriented format. Admission is open to all state regulators, state officials, workers' compensation judges, and state & federal legislators ... whether elected or appointed plus all non-state officials providing a regulatory service to state workers' comp system.

College Tuition is \$250 and payment should be submitted with the application for admission. Make checks payable to SAWCA and mail to: SAWCA / P.O. Box 910373 / Lexington, KY 40591. Credit cards are accepted at: 859-219-0194. In addition to receiving all college materials/presentations and breakfast & lunch on both days, you will receive a complimentary convention registration to the 73rd Annual WCI Workers' Compensation Educational Conference and 30th Annual Safety & Health Conference granting full access to all WCI programs and events.

Please complete the following and submit with payment.

Registrants Name: _____ Title: _____

Jurisdiction: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) _____ Fax Number (____) _____

Email Address: _____

Signature: _____ Date: _____

***For questions regarding this application contact Gary Davis at (859) 219-0194 / gary.davis@sawca.com.
Please submit a separate form for each individual you wish registered for the college.***

**SAWCA ADMINISTRATIVE SERVICES / P.O. Box 910373, Lexington, KY 40591
PH: (859) 219-0194, FAX: (859) 219-0170 / Website: <http://www.sawca.com>**