West Virginia Self-Insurers Association
Post Office Box 1573
Charleston, WV 25326
Tax ID# 55-0654337

2008 Annual Conference

Charleston Marriott **April 23 & 24**

Registration Form

PLEASE RETURN BY APRIL 16, 2008. PAYMENT MUST BE RECEIVED WITH REGISTRATION!!

NAME_____

COMPANY_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP** _____

PHONE_____ **FAX**_____ **EMAIL**_____

Conference Registration

MEMBER-$150 per person
NON-MEMBER-$250 per person
(includes reception, all breaks & luncheon)

( ) Enclosed is my check made payable to WVSIA in the amount of $_____

( ) Please charge the following: ( ) Visa ( ) MasterCard in the amount of $_____

Credit Card Number: _____**Exp.Date:**_____

Card in the Name of: _____

Signature: _____

Cancellation Policy: Cancellations prior to April 19 are subject to a $25 processing fee. Cancellations after April 19 are non-refundable.
Registrations after April 16, 2007: $200-member; $300 – non-member
???'s: Contact: Janice Bowen 304-345-6846 jfbowen@suddenlink.net