

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

2010 Annual Conference
Charleston Marriott

May 4 & 5

Registration Form

PLEASE RETURN BY APRIL 28, 2010. 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 30 are subject to a \$25 processing fee.
Cancellations after April 30 are non-refundable.

Registrations after April 30, 2010: \$200-member; \$300 – non-member

???'s: **Contact: Janice Bowen 304-345-6846 jfbowen@suddenlink.net**