

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

2011 Annual Conference
Charleston Marriott

April 20-21

Registration Form

PLEASE RETURN BY APRIL 6, 2011. 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 6 are subject to a \$25 processing fee.

Cancellations after April 6 are non-refundable.

Late Registration Policy: Registrations after April 6: \$200-member: \$300 – non-member

Registrations after April 13: \$250-member; \$350 – non-member

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