

Atlanta Claims Association
2012 Workers' Compensation Seminar Registration Form
February 2, 2012 at Villa Christina
9:00 a.m. Registration
9:30 a.m. - 3:30 p.m. Seminar
4 Hours of Credit

Please mail form with payment or visit www.atlantaclaims.com to register/pay online

Enclosed is my registration fee of \$ _____ (\$40.00 per attendee).

All Fields below are required for registration and confirmation. **PLEASE PRINT CLEARLY**

Name: _____ Phone #: _____

Employer & Title: _____

Work Address: _____

Email Address: _____

*Bar License #: _____ Insurance License #: _____

\$20.00 Additional Fee Required for Attorneys to obtain CCLC credits.

Make your check **payable to:**

Mail your check to:

Atlanta Claims Association

Atlanta Claims Association

Lisa A. Wade

1355 Peachtree Street, N.E.

Suite 300

Atlanta, Georgia 30309

Phone: (404) 888-6110

Fax: (404)888-6199

E-Mail: lisa.wade@swiftcurrie.com

Please return your registration as soon as possible. All registrations are due by Tuesday, January 24, 2012. If you fax or email your registration form, please note that your registration is not guaranteed until payment is received. **Any questions may be addressed to Lisa A. Wade.**