



Oregon Workers' Compensation Educational Conference

Nov. 1 and 2, 2016
Salem Convention Center
Salem, Oregon

Sponsored by:

The International Workers' Compensation Foundation in
coordination with the Oregon Workers' Compensation Division

A conference designed with **you** in mind

Nov. 1 and 2, 2016

The Oregon Workers' Compensation Division, with sponsorship from the International Workers' Compensation Foundation, coordinates this educational conference for those who participate in the Oregon workers' compensation system. The conference is designed to enhance understanding of the system and improve processes and services that affect injured workers and employers. The general sessions cover topics of interest for the entire workers' compensation community, with concurrent workshops and information booths providing detailed coverage of specific areas of interest. The conference also includes an exhibitor area.

Additionally, the conference will give you a chance to meet and dialogue with division leadership both at information booths and in breakout sessions. This is your opportunity to share ideas, ask questions, and discuss issues that affect your organization.

Who should attend?

Employers, attorneys, safety and human resource managers, insurers, self-insurers, third-party administrators, claim-closure service providers, injured workers, union representatives, medical providers, service-provider staff who handle billing and documentation, managed care organizations, and vocational rehabilitation providers are encouraged to attend. In fact, anyone interested in the workers' compensation system in Oregon will receive valuable information at this conference.

Location: Salem Convention Center

200 Commercial St. SE
Salem, OR 97301

503-589-1700
866-614-1900

www.salemconventioncenter.org

Contact information:

Workers' Compensation Division (WCD)
Kara Null
503-947-7515
kara.r.null@oregon.gov
P.O. Box 14480
350 Winter St. NE
Salem, OR 97309-0405

International Workers' Compensation Foundation (IWCF)
Jeanne Bush or Eric Oxfeld
386-677-0041
Fax: 386-677-0155
IWCF@bellsouth.net
570 Memorial Circle, Suite 320
Ormond Beach, FL 32174

Net proceeds from this event, if any, go to the nonprofit International Workers' Compensation Foundation (FEIN #35-1737364), to further its work in workers' compensation education and research.

Conference schedule

Tuesday, Nov. 1

- 10:30 a.m. – noon..... Exhibitor registration
- Noon – 1 p.m. Registration
- 1 – 2 p.m..... General session: opening address
- 2:15 – 4:30 p.m..... Concurrent workshops
- 4:30 – 5:30 p.m..... Exhibitor reception

Wednesday, Nov. 2

- 7:45 – 8:30 a.m..... Breakfast with exhibitors
- 8:30 – 9:30 a.m..... General session: keynote speaker
- 9:45 a.m. – noon..... Concurrent workshops
- 12:15 – 1:15 p.m..... General session: lunch speaker
- 1:30 – 3:45 p.m..... Concurrent workshops

Misc. information

Lodging: The Grand Hotel has reserved a block of rooms starting at the rate of \$129 per night for a single or \$139 for a double, plus applicable taxes. The rooms will be held through Saturday, Oct. 1, 2016, unless the block is fully reserved before this date. Tell the hotel that you are attending the Oregon Workers' Compensation Educational Conference when you make reservations. Reserve your room by calling the Grand Hotel's direct number, 503-540-7800 or toll-free 877-540-7800. You also may contact the hotel through its website: <http://grandhotelsalem.com/book-online/>. Hotel reservations alone do not guarantee admission to the conference.

Dress: Casual business attire is appropriate for all events.

Continuing-education units: Continuing-education credit is available or pending for attorneys; CRC, CDMS, and CCM for rehabilitation providers; HRCI; and insurance agents. Certificates of attendance will be provided for other disciplines.

Cancellation and refund policy: Written cancellations and requests for refunds must be received at IWCF in order to receive a refund. No refunds will be issued for cancellations after Thursday, Oct. 20, 2016; the full registration fee will be forfeited if you fail to attend. Substitution of personnel is recommended in lieu of cancellation after Oct. 20, 2016.

Special needs: Individuals who need special services should the notify Workers' Compensation Division no later than 15 working days before the conference. Please contact Kara Null by phone, 503-947-7515, or email to kara.r.null@oregon.gov.

For conference information and scheduling updates, visit our website: wcd.oregon.gov.

Registration information:

Registration fees: \$275 per person if registered before Monday, Oct. 3.
\$350 per person if registering on or after Oct. 3.

The registration fee includes conference materials and admission to all workshops, exhibits, and conference-meal functions.

The Conference is going paperless! Conference materials will be provided on a flash drive at the conference on request. Handouts will be available to download before the conference.

Two registration options are available.

1. **Payment by credit card (MasterCard, VISA, or American Express):**
Go to www.iwcf.us/iwcfevents.html and click on the link "Online Registration" under Oregon (*credit cards only*).
2. **Payment by check:** Complete, copy, and return [this form](#) for each attendee, along with a check made payable to the IWCF (International Workers' Compensation Foundation, Inc.) and mail to IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.

Payment by check only.

Name: _____

*Please **PRINT** name as you want it on your name tag.*

Business name: _____ Title: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

- I represent:**
- | | |
|---|--|
| <input type="checkbox"/> Employer (owner, risk manager, HR) | <input type="checkbox"/> Injured worker (attorney, union rep.) |
| <input type="checkbox"/> Insurer/TPA/self-insured | <input type="checkbox"/> Vocational and rehabilitation services |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical services (provider, office staff) |

Breakout Sessions 2016*

- Appellate update
- Building relationships
- Claims Administration Rules (60)
- Emerging issues in workers' compensation
- Employer-at-Injury and Preferred Worker Program Rules (105 and 110)
- Employer coverage
- From injury to closure
- Healthcare best practices
- Pain management
- Recent case law
- Return-to-work programs
- Temporary workers & workers' compensation
- Town Hall with WCD leadership
- Vocational Assistance Rules (120)
- Work-life balance

***Topics are subject to change. For updates, visit our website: wcd.oregon.gov.**

Exhibitor registration

The \$650 exhibitor fee includes two complimentary registrations for exhibit personnel, a six-foot table, 24-hour security, and two chairs. Additional personnel may register at \$275 each. A separate registration form should be completed for each additional registrant.

Space is offered on a first-come, first-served basis. Upon receipt of registration, you will receive a confirmation notice with more details. For more information about the exhibit area, contact the IWCF, 386-677-0041, or fax 386-677-0155. Booth setup will be at 10:30 a.m., Tuesday, Nov. 1. Tear-down will begin at 3:45 p.m., Wednesday, Nov. 2.

Exhibitor insurance/hold harmless clause: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend, save, and hold harmless the International Workers' Compensation Foundation (IWCF), its members, employees, and agents, Chelsea Place Meetings and its employees and agents, the State of Oregon, and Salem Convention Center against all claims, losses, and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy, or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence or concurrent comparative negligence of the State of Oregon, Salem Convention Center and its employees and agents, Chelsea Place Meetings and its employees and agents, as well as the IWCF, its members, employees, and agents.

In addition, exhibitor acknowledges that the State of Oregon, Salem Convention Center, Chelsea Place Meetings, and the IWCF do not maintain insurance covering exhibitor's property or potential liabilities and that it is the sole responsibility of the exhibitor to obtain business-interruption insurance, property damage insurance, and liability insurance covering such losses by exhibitor. Exhibitor shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies or comprehensive general liability insurance and contractual liability insurance insuring and specifically referring to contractual liability set forth in the foregoing paragraphs in an amount not less than \$1,000,000 combined single limit for personal injury and property damage. The State of Oregon, Embassy Suites, the IWCF, and Chelsea Place Meetings shall be included in such policies as additionally named insureds for this convention only.

Authorized signature: _____ Date: _____

Sponsorship opportunity

You are invited to register as a sponsor for the Oregon Workers' Compensation Educational Conference. The following sponsorship levels are available:

Silver: \$500 Contribution

- Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.

Gold: \$1,000 Contribution

- One complimentary attendee registration.
- Organization name and contact information will appear in conference program.
- Organization name will appear on a large "Thank You Sponsor" sign in exhibit area.

Two registration options are available for exhibitors and gold and silver sponsors.

1. **Payment by credit card (MasterCard, VISA, or American Express):** Go to www.iwcf.us/iwcfevents.html, and click on the link "Online Registration" under Oregon (for credit cards only).
2. **Payment by check:** Complete, copy, and return [this form](#), along with a check made payable to the IWCF (International Workers' Compensation Foundation, Inc.) and mail to IWCF, 570 Memorial Circle, Suite 320, Ormond Beach, FL 32174.

Check category that applies: Exhibitor and/or Sponsorship Contribution: Silver Gold

Company name: _____ Specialty: _____

Contact name: _____ Title: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Complimentary registrant #1: _____ Title: _____

(only applicable to exhibitors and gold sponsors)

Complimentary registrant #2: _____ Title: _____

(only applicable to exhibitors)

Please **PRINT** name as you want it on name tags.

Workers' Compensation Division
Department of Consumer and Business Services
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405



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