

**ALABAMA TRUCKING ASSOCIATION WORKERS' COMPENSATION FUND  
2009 SAFETY/ CLAIMS SEMINARS**

**REGISTRATION FORM**

Join us for one of our Safety/Claims Seminars to meet professionals who manage and consult for your Workers' Compensation program. We will update, explore new opportunities and seek solutions to the challenges facing us today and in the future.

**WHO:** ATA Association Members & Fund Member's executives, managers, safety consultants, insurance agents, and other interested employees.

**WHY:** Educational and networking opportunities designed exclusively for trucking companies.

**WHERE & WHEN:** 2009 Loss Control / Claims Seminars Schedule.

**Please check which seminar(s) you wish to attend:**

- |                          |   |                            |
|--------------------------|---|----------------------------|
| <input type="checkbox"/> | <b>Montgomery</b> ATAWC Fund Bldg.                                  | Tuesday, January 6, 2009   |
| <input type="checkbox"/> | <b>Tuscaloosa</b> Hotel Capstone<br>(Formerly Four Points Sheridan) | Thursday, January 8, 2009  |
| <input type="checkbox"/> | <b>Birmingham</b> Embassy Suites                                    | Thursday, January 15, 2009 |
| <input type="checkbox"/> | <b>Decatur</b> Holiday Inn Hotel & Suites                           | Tuesday, January 27, 2009  |
| <input type="checkbox"/> | <b>Mobile</b> Holiday Inn I-10 Bellingrath                          | Tuesday, February 3, 2009  |
| <input type="checkbox"/> | <b>Dothan</b> Holiday Inn South                                     | Tuesday, February 10, 2009 |

*All persons attending must be registered with ATA Workers Comp Fund. Cost per attendee is \$45.00 for the first individual and \$25.00 for each additional attendee from your company. Please make check payable to ATAWC Fund and mail to the address below.*

**Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**ATA Member** \_\_\_\_\_

**ATAWCF Member** \_\_\_\_\_

**Print and fax this form if needed, or e-mail to [ktys@atacompfund.org](mailto:ktys@atacompfund.org)**

*Mail to: ATAWC Fund, P. O. Box 241605, Montgomery, AL 36124-1605, or fax to (334) 834-7931  
For additional information, please call (334) 834-7911*

**Visit our website at [www.atacompfund.org](http://www.atacompfund.org)**