

Cape Cod, July 2010 Registration Form

MAIL to: SEAK, Inc., P.O. Box 729, Falmouth, MA 02541
FAX to: 508.540.8304 or
CALL: 508.457.1111 or
REGISTER ONLINE: www.seak.com

Please register me for the following **preconference:**

- Take Your Return To Work Program Up A Notch: Building A Roadmap For Action** (\$395) July 19, 2010
- Managing Persistent Pain and Disability: Best Practices** (\$395) July 19, 2010
- ADA, FMLA, and Workers' Compensation: In Depth** (\$395) July 19, 2010
- Workers' Compensation Legal Issues and Defense Strategies: Connecting the Dots: 2010 & Beyond** (\$395) July 19, 2010
- Causation of Occupational Injuries: Fact & Fiction** (\$395) July 19, 2010
- Unmasking the Sophisticated Malingerer and Misattributer in Workers' Compensation Claims** (\$395) July 19, 2010

Please register me for the **main conference:**

- 30th Anniversary National Workers' Compensation and Occupational Medicine Conference** (\$955) July 20-22, 2010

Please print or type all items to assure accuracy.

All confirmations will be sent to the individual indicated.

Priority Code: JULY101

<input type="checkbox"/> Check here if you require special accommodations to fully participate.		
First Name (as it will appear on name badge):		
Last Name:		
Title:	Degree(s):	
Company/Organization:		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail: (Please print neatly - confirmations and other information will be sent via e-mail)		
<input type="checkbox"/> I've enclosed a check payable to: SEAK, Inc. , P.O. Box 729 Falmouth, MA 02541		
OR I'm Paying by Credit Card (please circle card type) MC / Visa / Amex		
Card Number:	Exp. Date:	
Name as it appears on the card:	Security Code:	
Signature:		