

The Workers' Compensation Forum

“THE SIDE EFFECTS OF MEDICATION AND GASTROINTESTINAL IMPAIRMENT IN THE WORKERS’ COMPENSATION CLAIM”

TUESDAY, AUGUST 10, 2010

11:30 A. M. - 1:00 P. M. - “Buffet Lunch Included”

Hilton Hotel, 285 East Hospitality Lane, San Bernardino, CA 92408

CEU'S PROVIDED FOR NURSES, CLAIMS ADJUSTERS AND MEDICAL BILL REVIEWERS
CEU'S PROVIDED FOR ATTORNEYS!!! CEU'S FOR CDMS/CRC/CCM PENDING!!

**** PLEASE PREPAY FOR YOUR ATTENDANCE FOR THE MONTHLY SEMINAR****

\$20.00 - Workers' Compensation Claims Examiner
\$35.00 - Workers' Compensation Forum Members
\$45.00 - Non-Members of the WCF of the Inland Empire
\$50.00 - Walkins - No Reservations

**** ONE FREE RAFFLE TICKET WITH YOUR PRE-PAID RESERVATION****

**** ***** SPECIAL DRAWING FOR PRE-PAID ATTENDEES *******

******* ADVANCED REGISTRATION AND PAYMENT IS REQUIRED *******

IMPERATIVE: RESERVATION DEADLINE: AUGUST 6, 2010 at 12:00 NOON

REGISTRATION FORM FOR AUGUST 10, 2010

Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel #: () Fax: () _____
E- Mail Address: _____

Please Submit Payment to WCF - c/o Elizabeth Schnarr, P. O. Box 1901, Loma Linda, CA 92354

For Additional Information or Late Registration, Please Contact:

Elizabeth Schnarr at (909) 558-4000, Press 2 then dial ext. 46054 - Fax (909) 558-7974

PLEASE VISIT OUR WEB SITE AT: WWW.WorkersCompForum.Org
THANK YOU FOR YOUR PARTICIPATION IN THE WORKERS' COMPENSATION FORUM.

If This Employee Is No Longer At This Address Please Contact (951) 205-8897
Thank You For Your Continued Support Of The Workers' Comp. Forum!
The Hilton Hotel is an Accessible and Barrier Free Location

THIS MONTH: AUGUST 10, 2010
"THE SIDE EFFECTS OF MEDICATIONS AND
AND GASTROINTESTINAL IMPAIRMENTS IN THE WORKERS' COMP. CLAIM"



ATTN: ALL PERSONNEL

NEXT SEMINAR:
SEPTEMBER 14, 2010
"RHEUMATOLOGICAL ISSUES AND
THE WORKERS' COMP. CLAIM"

The Workers' Compensation Forum
OF THE INLAND EMPIRE
P.O. Box 1901
Loma Linda, CA 92354

The Workers' Compensation Forum

2010 MEMBERSHIP FORM

DON'T FORGET TO RENEW YOUR MEMBERSHIP!

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Tel () _____ Ext _____ Fax () _____
E-Mail Address: _____

Membership For The Workers' Comp. Forum

Is On A Yearly Basis: January - December

Individual Membership: \$ 50.00

Corporate Membership: \$125.00 (Up to 4 Members)

(\$25.00 for each additional person added to the Corporate Membership)

Mail To:

The Workers' Compensation Forum

Post Office Box 1901

Loma Linda, CA 92354

THANK YOU FOR YOUR PARTICIPATION AND CONTINUED SUPPORT!