The Roger L. Williams National Regulators College

August 23-24, 2027 Orlando, Florida

Presented By:
The Southern Association of Workers' Compensation Administrators
The Self-Insurance Guaranty Funds of America
Sponsored By: Workers' Compensation Institute
And Held in Conjunction with the 81st Annual WCI Workers' Compensation Educational Conference

Application & Admissions Form

The Southern Association of Workers' Compensation Administrators (SAWCA) and the Self Insurance Guaranty Funds of America (SIGFA) welcome you to the 2027 Roger L. Williams National Regulators College held August 23-24, 2027 in conjunction with the WCI convention at the Orlando World Center Marriott Hotel.

The curriculum is specifically designed for regulators by regulators covering the full scope of regulatory responsibilities faced by today's state officials. Veteran regulators & renowned industry experts will lead a discussion-oriented format. Admission is open to all state regulators, state officials, and state & federal legislators.

College Tuition is $425, and payment should be submitted with the application for admission. Make checks payable to SAWCA and mail to: SAWCA / P.O. Box 910373 / Lexington, KY 40591. Credit cards are accepted at: 859-219-0194. As a member of the College, you will enjoy breakfast & lunch on both days and receive a complimentary convention registration to the 81st Annual WCI Workers' Compensation Educational Conference and 38th Annual Florida Safety & Health Conference granting full access to WCI programs & evening events.

SAWCA has secured a block of rooms at the Orlando World Center Marriott Hotel specifically for attendees to the College. However, there is a limited number and the room block will close May 28, 2027. The link is provided on SAWCA's website and listed here: https://book.passkey.com/go/SAWCAWCI2027

Please complete the following and submit with payment.

Registrants Name: _____Title: _____

Jurisdiction: _____

Address: _____

City: _____State: _____Zip Code: _____

Phone Number (____)_____Fax Number (____)_____

Email Address: _____

Signature: _____Date: _____

For questions regarding this application contact Gary Davis at: Office (859) 219-0194 / Cell (859) 608-2383 or email at: gary.davis@sawca.org ***Please submit a separate form for each individual you wish registered for the college.***

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