HOUSING POLICY: You will need to reserve and pay for your own housing directly with the Iowa House Hotel at (319) 335-3513. A block of rooms is being held under “Workers’ Compensation” until February 18 at an approximate rate of $75 per night (taxes not included in this figure). A few rooms are being held for March 17, 2010.

Workers’ Compensation

This is a two day class on Iowa Workers’ Compensation, presented in cooperation with the Iowa Federation of Labor, AFL-CIO. Topics will include:

• Overview of Iowa workers’ compensation law & procedure
• The Union’s role in a workers’ comp claim
• Maximizing benefits for injured workers
  ▪ Calculating compensation rates
  ▪ Evaluating disabilities
• Return to work issues
• Dealing with medical providers
• Supplementing workers’ comp: Social Security Disability, long-term disability and other contract benefits

WHEN: Thursday - Friday, March 18-19, 2010
WHERE: Iowa Memorial Union (NW corner of Madison and Jefferson Streets, Iowa City, Iowa)
COST: Early registration (at least 30 days prior) is $150 per person; late registration is $175 per person – includes materials, instruction and parking (does NOT include housing - see below)
TIME: Sign-in from 8:30-9:00 a.m. on March 18. Program ends at 4:00 p.m. on March 19.
DEADLINE: Register by February 18, 2010, to avoid the $25 per person late fee

Send this form to The University of Iowa Labor Center, 100 Oakdale Campus M210 OH, Iowa City, Iowa 52242-5000. Phone registration: call (319) 335-4146. Fax registration: (319) 335-4464. Online and email registration is available at http://www.continuetolearn.uiowa.edu/laborctr. Make checks payable to The University of Iowa. A confirmation letter and program agenda will be sent to each registrant approximately two weeks prior to the program.

NAME(S) ____________________________________________________________________________________________
HOME ADDRESS _______________________________________________________________________
CITY/STATE/ZIP _______________________________________________________________________
UNION TITLE/POSITION _____________________________________________________________________________
PH (                  ) ________ – ___________

REGISTRATION: Workers’ Compensation
☐ Check enclosed  ☐ I will pay on arrival

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