



**HEALTHCARE SEMINAR
JUNE 11TH, 2008**

**“Best Practices in Compensation Management for the
Healthcare Industry”**

Name _____
(Last) (First)
Company Name _____ BrickStreet Policy # _____
Job Title _____ E-Mail Address _____
Business Address _____
City _____ State _____ Zip Code _____
Daytime Phone (_____) _____ Fax Number (_____) _____

SEMINAR AGENDA

TRAINING TOPIC	TIME
Introduction / Why?	8:00 – 9:00
Incident Reports / Accident Investigation	9:00 - 9:45
Claims Reporting	10:00 -11:00
Return to Work Benefits	11:00-12:00
Lunch – “on your own-mall access”	12:00 – 1:00
Ergonomics and Back Safety	1:00-1:45
Patient Handling	1:45-2:30
Safety Programs	2:45- 3:15
Best Practices	3:15-4:00

*Classes will be held at our Corporate Headquarters:
400 Quarrier Street, Charleston, WV 25301**

REGISTRATION INFORMATION

**Mail: P.O. Box 2633
Charleston, WV 25329**

**Fax: 304-941-1196
Email: Mindy.Spurlock@Brickstreet.com
or David.Walker@Brickstreet.com**