



OSIA 2009 Summer Meeting Program
 July 10, 2009
 Kaiser Permanente Town Hall
 3704 N. Interstate Ave Portland 97227

General Information

Registration

Registration is \$60.00 for OSIA members and \$85.00 for non-members. Registration includes continental breakfast and lunch.

Exhibits

Table Top Exhibits will be featured in the Meeting Room in conjunction with the continental breakfast and program. Six-foot tables are available. Power and other special needs can be accommodated. Exhibitor's location will be determined by order of registration. Exhibitor Hours: 8:00 am to 3:00 pm. Exhibitor Set-Up Time: 7:00 to 8:00 am. Exhibitor fees are \$150.00 for OSIA members and \$250.00 for non-members.

Continuing Education

Applications will be made for Oregon Insurance Department's CEUs and Oregon State Bar CLEs; however, granting of credits is solely at the determination of the certifying agency.

Getting There

From I-5 North: Take the Killingsworth Street exit (Exit 303) toward Swan Island. Keep left at the fork in the ramp. Stay straight to go onto N Going Street. Turn left onto N Interstate Avenue.

From I-5 South: Take the Alberta Street exit (Exit 303) toward Swan Island. Take the ramp toward Swan Island. Turn right onto N Going Street. Turn left onto N Interstate Avenue.

OSIA 2009 Summer Meeting Schedule	
7:00 - 8:00	Exhibitor Set-up
8:00 - 8:35	Breakfast, Registration & Exhibitors
8:35 - 8:50	Annual Business Meeting Election of Officers, Treasurer's Report & the Value of Membership in OSIA
8:50 - 9:40	The 2009 Legislative Final Report <i>OSIA Legislative Committee Co-Chairs Susan Lavier, Workers Compensation Technical Supervisor, City County Insurance Services, and Mark Davison, President, Mark John Davison LLC, and OSIA's Government Affairs Advocate Drew Hagedorn, Conkling, Fiskum and McCormick</i> A report from OSIA's Legislative Committee on how we fared in 2009.
9:40 - 10:40	Behind the Scenes of an IME <i>Dr. Brian Denekas, Neurologist, Star Medical, and Dr. Andrew Ellis, Ph.D., Neuro Psychologist, Clinical Director, Brain Injury Rehabilitation Center, PRA</i> Dr. Denekas and Dr. Ellis will be reviewing the components of an objective independent medical exam.
10:40 - 11:00	Break/Exhibits
11:00 - 12:00	Ten Most Costly Litigation Errors and Ways to Avoid Them <i>Ron Atwood, Attorney, Ronald W. Atwood, PC; Barb Jones, Claims Manager, J.H. Kelly LLC; and, Sara Turner, Legal Assistant, Ronald W. Atwood, PC</i>
12:00 - 1:00	Lunch/Exhibits
1:00 - 2:00	Disaster Preparedness <i>John Reid, Senior Director Environment of Care, Legacy Health System</i> Learn how you and your company can take steps to prepare for a disaster.
2:00 - 3:00	Value of Transitional Work for WC and Non-WC <i>Mike Moses, ARM, CPDM, HR Disability Case Manager, Integrated Disability Management, Kaiser Permanente and President, DMEC</i> Learn how transitional work programs can help improve employers' bottom line, increase productivity and reduce lost work days.
3:00	Wrap up/Exhibitor Drawings

ATTENDEE REGISTRATION

WAIT...Think about how much time you'd save by registering online at www.osia.com

COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

____ OSIA MEMBER/ASSOCIATE MEMBER

____ NON-MEMBER

MEMBERS--\$60 **NON MEMBERS--\$85**

FIRST PARTICIPANT _____

SECOND PARTICIPANT _____

THIRD PARTICIPANT _____

FOURTH PARTICIPANT _____

TOTAL AMOUNT ENCLOSED: \$ _____



OSIA
2009 Summer Meeting

Friday, July 10, 2009

**Kaiser Permanente
Town Hall
3704 N. Interstate Ave
Portland, OR 97227**

Return Registration Form with
Payment To:

OSIA
114 Coolidge St
Silverton, OR 97381

Questions? Call our office at
(503) 873-0985
fax: (503) 873-9389
email: osia@osia.com

EXHIBITOR REGISTRATION

WAIT...Think about how much time you'd save by registering online at www.osia.com

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CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

____ OSIA MEMBER/ASSOCIATE MEMBER

____ NON-MEMBER

MEMBER COMPANIES--\$150/EXHIBIT; NON MEMBERS--\$250
(fee includes complimentary registration for one booth representative)

BOOTH REPRESENTATIVE NAME _____

ADDITIONAL BOOTH NAME(S)—fee: \$50 member / \$75 nonmbr _____

POWER OR OTHER SPECIAL NEEDS _____

EXHIBIT DESCRIPTION (6' LENGTH ONLY—STANDING OR TABLE TOP) _____

TOTAL AMOUNT ENCLOSED: \$ _____