

State of Connecticut
Workers' Compensation Commission

Education Services Order Form

Name _____ Telephone: _____

Position _____ Email: _____

Organization _____

Address _____

City _____ State _____ Zip _____

Please mark the item(s) below that you would like to receive FREE of charge:

_____ Information Packet—overview of workers' compensation, includes a 30C claim form

English Spanish

_____ Pocket Guide to Workers' Compensation

English Polish Portuguese Spanish

_____ Bulletin—Workers' Compensation Act, related statutes, regulations and more

_____ A Guide to 1996 Workers' Compensation Reform Legislation

_____ A Guide to 1995 Workers' Compensation Reform Legislation

_____ Summary of 1993 Workers' Compensation Law Changes

_____ Subscriptions—Please add me to the following Chairman's Mailing List:

Attorney Insurance Medical Practitioner Union

Mail this Order Form to: Workers' Compensation Commission
Education Services
Capitol Place - 4th Floor
21 Oak Street
Hartford, CT 06106-8011