

Kentucky MGMA Fall Conference  
September 21-22, 2017

# REGISTRATION FORM

Please make copies of this form if more than one person is registering.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix/credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_ Is this an address change? \_\_\_\_\_

Preferred Name on Badge: \_\_\_\_\_

Circle all that apply: First-time Attendee    New Member    Fellow    CMPE    Nominee    Local Chapter Officer

## REGISTRATION FEES:

**Postmarked on/before  
August 31, 2017**

**Postmarked after  
August 31, 2017**

KMGMA Member

\$ 229

\$ 279

KMGMA Business Partner

\$ 279

\$ 329

*(1st Year Business Partners only)*

STUDENT Member

\$ 0

\$ 29

NON-Member

\$ 329

\$ 379

*(Please visit [www.kmgma.com](http://www.kmgma.com) for membership information)*

**GUEST for Special Event** *(No Charge for registered attendees)*

\$ 29

Name of Guest for Name Badge: \_\_\_\_\_

**Total Fees Paid:** \_\_\_\_\_

## Four Ways to Register:

- \* Register Online at [www.kmgma.com](http://www.kmgma.com); or
- \* Scan completed form with credit card information and email to [KentuckyMGMA@gmail.com](mailto:KentuckyMGMA@gmail.com); or
- \* Fax completed form with credit card information to 502-410-5120; or
- \* Mail completed form with check made payable to KMGMA to P.O. Box 365, Buckner, KY 40010-0365

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV (3-digit security code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Email all questions to [KentuckyMGMA@gmail.com](mailto:KentuckyMGMA@gmail.com)**