

KENTUCKY MGMA SPRING CONFERENCE

March 15 - 16, 2018

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 for the Spring Conference covers all general sessions on Thursday and Friday as well as the Special Event on Thursday evening.

REGISTRATION FEES:

Postmarked on/before February 28, 2018

Postmarked after February 28, 2018

KMGMA Member \$ 229 \$ 279

HFMA/ KHA/ KRHA Member \$ 229 \$ 279

(Please indicate which partner organization you belong to)

KMGMA Business Partner \$ 279 \$ 329

(1st Year Business Partners only)

STUDENT Member \$ 0 \$ 29

NON-Member \$ 329 \$ 379

(Please visit www.kmgma.com for membership information)

Total Fees Paid: _____

Four Ways to Register:

- * Register Online at www.kmgma.com; or
* Scan completed form with credit card information and email to 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