

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 Member	\$ 229	\$ 279
KMGMA Business Partner	\$ 279	\$ 329
<i>(1st Year Business Partners only)</i>		
STUDENT Member	\$ 0	\$ 29
NON-Member	\$ 329	\$ 379

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

**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)**