

Kentucky Self-Insurers' Association Conference Registration Form

You **MUST** provide your DOI Number in order to receive continuing education credits.

If no DOI Number is on this form, it will be assumed that you do not hold a KY license and you will **NOT** receive credits.

COMPANY _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Contact Name _____ Email _____

Agents & Adjusters	<small>You must work for a self-insured company or be an adjuster to register at no charge.</small>	# of registrants _____	X	Registration DATE		= TOTAL Due \$ _____
				By 3/31 \$0	After 3/31 \$20	

Attorneys, Paralegals & Law Firm Employees	# of registrants _____	X	Registration DATE		= TOTAL Due \$ _____
			By 3/31 \$250	After 3/31 \$400	

Attendee Names (Be sure to include first & last names; copy this form for additional registrants from your company.)

NAME _____ EMAIL _____

TITLE _____ DOI # _____

NAME _____ EMAIL _____

TITLE _____ DOI # _____

NAME _____ EMAIL _____

TITLE _____ DOI # _____

I understand that no show registrants will be subject to a \$50 administration fee per person unless written cancellation is provided to the KSIA Office prior to March 31, 2020.

SIGNATURE _____ DATE _____

Payment Info Check enclosed (payable to KSIA) Credit card info below

Name on card _____ Card # _____

Exp _____ Security Code _____ Email for receipt _____

Billing Address _____

Cancellation & No Show Policy Attendees who register for the Conference and do not show up and will be subject to a \$50 administrative fee per person unless written cancellation is provided to the KSIA Office prior to March 31, 2020.

Please complete and return with payment to:

KSIA; 5932 Timber Ridge Drive, Suite 101; Prospect, KY 40059
P: (502)223-5322 F: (502)223-4937 kyselfinsurersassn@gmail.com