



# Kentucky Self-Insurers Association

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## Kentucky Self-Insurers Association, Inc. 2017 Annual Meeting \* October 12, 2017 Attendee Registration Form

Check **one**:  New Attendee  Past Attendee

Check **ALL** applicable boxes:  Adjuster  Agent  Need CE Credits

***It is mandatory that a DOI Number be entered on this form in order to receive credit. If no DOI number is on the form it will be assumed that you do not hold a KY license and you will not receive continuing education credits.***

Name: \_\_\_\_\_

Title: \_\_\_\_\_ DOI Number: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

Phone number: \_\_\_\_\_

Additional Attendees from same company:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ DOI Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ DOI Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

<u>Conference Fee:</u>	<u>Amount</u>	X	<u># of People</u>	=	<u>Total due</u>
	\$35.00		_____		\$ _____

\_\_\_\_ Check enclosed

\_\_\_\_ Credit card

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

Card number: \_\_\_\_\_

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

Email for receipt: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. code: \_\_\_\_\_

***Cancellations after 09/08/2017 will not be refunded***

Please submit form to the KSIA office via mail to 5932 Timber Ridge Drive, Ste 101 Prospect, KY 40059;  
via fax to 502-223-4937; or scan and email to [kysselfinsurersassn@gmail.com](mailto:kysselfinsurersassn@gmail.com)  
OR register online at [www.kysia.org](http://www.kysia.org)