

# Kentucky Self Insurers Association, Inc. Annual Seminar

## Registration Form

Check ALL applicable boxes

New Attendee  Past Attendee  Agent  Adjuster  Need CE Credits

**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 \_\_\_\_\_

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

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, 2019.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# of registrants	Registration DATE		=	TOTAL Due \$
	By 3/31	After 3/31		
_____ X	\$0	\$20		_____

### 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, 2019.

**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