



**2017 KSA SPRING MEETING  
REGISTRATION FORM**

March 18, 2017

Hilary J. Boone Center, Lexington, KY

Name:

Street Address

City, State, Zip

Telephone:

Fax:

E-mail:

Registration Fee Enclosed

KSA Member - \$100.00  
Physician (Non-member) - \$150.00  
Residents - Free

Please return payment and registration form to:

Kentucky Society of Anesthesiologists, PO Box 935, Florence, KY 41022-0935

Payment:  Check/Money order  Visa  Mastercard  American Express

Exp Date

Security Code:

**Signature of Card Holder**

Note: if paying with credit card, you can fax this form to 859-342-7507.

If you would like to use this credit card to **donate to the KSA-PAC**, please note here:

**Yes**, I would like to contribute \_\_\_\_\_ to the KSA-PAC and authorize the use of the above credit card to process.

**Initial here** \_\_\_\_\_. (A separate receipt will be emailed to you for your PAC contribution).

*(If you have special needs, let us know and we will try to accommodate you.)*

Questions: Contact Debbie Maskey at [dmaskey@ksaweb.org](mailto:dmaskey@ksaweb.org) or phone 1-800-659-0007.