



**2017 KSA SPRING MEETING
REGISTRATION FORM**

March 17, 2018

The University Club, Louisville, 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 or phone 1-800-659-0007.