**Event Registration Form**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ANSWER ALL QUESTIONS TO MAKE SURE YOU ARE CREDITED FOR THE RIGHT EVENT!**

**Please make copies of this form to register for more than one event or person**

**\_\_\_\_ Spring Board Meeting – No Charge to Members ($80.00 Non-Members)**

**\_\_\_\_ ANNUAL CONVENTION- $75.00 per Member ($120.00 Non-Members)**

**\_\_\_\_ Fall Board Meeting- No Charge to Members (80.00 Non-Members)**

**Total Amount Enclosed \_\_\_\_\_\_\_\_\_\_**

**PLEASE MAKE ALL CHECKS PAYABLE TO:**

**Kentucky Association of Morticians, Inc.**

**P.O. Box 33353**

**Louisville, Kentucky 40232**

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Process Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_