

CAPTASA Conference

January 29-30, 2010 Embassy Suites – Lexington, KY

Registration Form

First _____ MI _____ Last _____

Profession/Credentials _____

Name for Nametag _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Institution/Organization _____

Please list any special needs you may have: _____

PAYMENT INFORMATION:

- Personal or institutional check made payable to: CAPTASA Conference
- Credit cards **not** accepted.
- Cost of Banquet included in registration fee.

NO REFUNDS AFTER JANUARY 15, 2010

\$150 Early Registration Fee (rec'd by Jan. 15, 2010) \$ _____

\$175 Regular Registration Fee (rec'd after Jan. 15, 2010) \$ _____

I plan to attend the banquet Friday night _____ Yes _____ No
(cost of the banquet ticket is included in the registration fee)

Guest Banquet Ticket(s): # Tickets _____ x \$30 per ticket = \$ _____

Handouts @ \$35 per set: # Sets _____ x \$35 per set = \$ _____

Total Amount Enclosed: \$ _____

Mail to:

CAPTASA Conference
C/o Kentucky Physicians Health Foundation
9000 Wessex Place, Suite 305
Louisville, KY 40222