



2012 KSA SPRING MEETING REGISTRATION FORM

March 24th, 2012

Marriott Cincinnati at Rivercenter, Covington, KY

Name:			
Street Address			
City, State, Zip			
Telephone:		Fax:	
E-mail:			
Registration Fee Enclosed			

KSA Members - \$30.00
Physician (Non-member) - \$75.00
Resident – Free

If you are a Resident and bringing a POSTER, please check here

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: _____ Security Code: _____

Signature of Card Holder

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

<p>If you would like to use this credit card to donate to the KSA-PAC, please note here:</p> <p>Yes, I would like to contribute _____ to the KSA-PAC and authorize the use of the above credit card to process.</p> <p>Initial here _____. (A separate receipt will be emailed to you for your PAC contribution).</p>
--

For **Hotel Reservations**: call 1-800-228-9290 or 859-261-2900 and ask for the Kentucky Society of Anesthesiologist block. You must make your reservations before 2/23/12 to receive the KSA rate of \$139.00/night.

(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.