



PO Box 935, Florence, KY 41022-0935
859-342-8446 • 800-659-0007 • Fax: 859-342-7507
Email: Dmaskey@ksaweb.org
www.ksaweb.org

DATE: December 2, 2011

TO: Anesthesia Product Representatives

FROM: Masroor Alam MD
Program Chairman
Kentucky Society of Anesthesiologists Annual Spring Meeting

RE: Support for the Kentucky Society of Anesthesiologists Annual Spring Meeting

Dear Product Representative:

The 2012 Spring Meeting of the Kentucky Society of Anesthesiologists, which will be held on March 24, 2012 at the Marriott in Covington, Kentucky, promises to be one of the best Spring Meetings that we have ever had.

The Annual Spring Meeting will bring together anesthesiologists from all over the state of Kentucky as well as Ohio and Indiana. This is an excellent opportunity for you to meet with physician anesthesiologists from all over the state of Kentucky, discuss your products with them, and to exhibit displays and information regarding your product. There will be numerous breaks during which there will be time for the participants to visit the displays. There are a number of ways that you can help make our program successful and your financial support will be greatly appreciated.

There are 4 ways that you can help support the Kentucky Society of Anesthesiologists Annual Spring Meeting. They are:

1. Provide a display booth only for \$500.
2. Sponsor a break or cocktail hour for \$750 (this entitles you to a booth at no further expense)
3. Sponsor lunch at \$1000.
4. Be a Primary Sponsor for \$2000 and provide equipment for a breakout session. At this level of sponsorship, your business logo would appear on all meeting announcements.

Your contributions need to be received by our Executive Secretary, Mrs. Debbie Maskey, at the following address, fax number, and e-mail prior to the meeting date:

Kentucky Society of Anesthesiologists
PO Box 935, Florence, KY 41022-0935
Ph: 800-659-0007 / Fax: 859-342-7507
E-mail: DMaskey@ksaweb.org

The displays should be available from 7:00 a.m. through 3:30 p.m. Saturday, and you are invited to the cocktail reception at 5:45 p.m. You will also be included in the luncheon starting at 12:15 pm where you will have the opportunity to listen to our guest speaker. Please fax or email your acceptance of this invitation to Mrs. Maskey as soon as possible, and we will accept payment up to and including the day of the display.

If you wish you can use the form below for your reference.

Sincerely,

Masroor Alam, MD

Masroor Alam, MD

KENTUCKY SOCIETY OF ANESTHESIOLOGISTS ANNUAL SPRING MEETING
March 24, 2012
PRODUCT REPRESENTATIVE REGISTRATION

NAME:			
COMPANY:			
ADDRESS:			
PHONE:		FAX:	
EMAIL:			
PRODUCT LINE:			

Special Requirements (i.e. electric):

- Display booth (\$500)
- Sponsor a break or cocktail hour (\$750)
- Sponsor lunch (\$1000)
- Be a Primary Sponsor (\$2000)

Make checks payable to: Kentucky Society of Anesthesiologists
Tax ID: 61-1045678

Mail to: KSA, PO Box 935, Florence, KY 41022-0935 – payment must be received prior to the meeting.