



2010 KSA SPRING MEETING REGISTRATION FORM

March 27, 2010
Marriott Louisville Downtown
Louisville, 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

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

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Expiration Date: _____ Security Code: _____.

Signature of Card Holder

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

For Hotel Reservations: call 1-800-533-0127 – you must make your reservations before 2/26/09 to receive the KSA rate of \$149.00/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.