



**Kentucky Workers' Compensation Education Association**

**2015 Annual Conference | December 10 & 11 | Marriott Louisville East**

*Attendee Registration*

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**REGISTRANT INFO:**

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**FEE PER PERSON:** \$150.00 through November 1 | \$175.00 starting November 2

**TOTAL ENCLOSED:** \_\_\_\_\_

Any questions or comments, call Matthew Williams at 502-495-5040 or email [matthew.williams@omca.biz](mailto:matthew.williams@omca.biz).

**Check enclosed payable to KWCEA**

**Mail to: KWCEA  
c/o OMCA  
2211 Greene Way  
Louisville, KY 40220**

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| Amt \$ _____ |

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**Signature** \_\_\_\_\_

*CANCELLATIONS: PLEASE NOTE THERE WILL BE NO REFUND FOR REGISTRATION FEES IF CANCELLATION IS NOT RECEIVED 30 DAYS PRIOR TO THE EVENT DATE.*