



Kentucky Workers' Compensation Education Association

2016 Annual Conference | December 8 & 9 | Louisville Marriott 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 October 31 | \$175.00 starting November 1

TOTAL ENCLOSED: _____

Any questions or comments, call Matthew Williams at 502-495-5040 or email matthew.williams@omca.biz.

Check enclosed payable to KWCEA

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

Ch # _____
Amt \$ _____

Visa **Master Card** **Discover**

Card # _____ Exp Date _____

Card Amt \$ _____

Signature _____

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