

VOLUNTEER REGISTRATION

Advanced Registration Form for Volunteers/Auxiliaries, Directors of Volunteer Services and Gift Shop Managers

PLEASE PRINT OR TYPE ALL INFORMATION. This information will be used to prepare your convention name badge. **USE ONLY ONE FORM FOR EACH REGISTRANT.** Copies can be made.

Name _____ First Name for Badge _____

Title _____

Hospital/Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

REGISTRATION FEE (please select one)

- Meeting Registration (includes luncheon) \$80
- Spouse/Student (luncheon only) \$35

DIETARY RESTRICTIONS

- Indicate if vegetarian luncheon is required
- Indicate if gluten-free luncheon is required

METHOD OF PAYMENT (please select one)

- Check enclosed and payable to: KHREF
- American Express
- MasterCard
- Visa

PERSON TO CONTACT FOR CARD NUMBER (please do not write card number on form)

Name _____ Phone _____

Name on Card _____ Signature _____

REGISTRATIONS, ALONG WITH PAYMENT, must be mailed to:

KHREF
Post Office Box 436629
Louisville, Kentucky 40253-6629

REFUND POLICY: Requests for refunds must be received in writing before 4:00 PM on **April 29, 2019**. A \$25 service fee will be charged. There will be no refunds after **April 29, 2019**.