

# KENTUCKY NURSES ASSOCIATION

## 2011 EDUCATION SUMMIT REGISTRATION FORM

Friday, September 23, 2011

**Morehead Conference Center  
111 East First Street  
Morehead, KY 40351**

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_ RN License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

\*If student, please list School of Nursing \_\_\_\_\_

E-mail \_\_\_\_\_ Do you request vegetarian meals? \_\_\_\_\_  
(Required to Complete Registration)

Check One	Category	Pre-Registration Post-Marked by 9/8/11	Registration Post-Marked after 9/8/11	On-Site Registration Rate Apply on 9/19/11
	KNA Member	\$90.00	\$115.00	\$125.00
	Non-KNA Member	\$120.00	\$145.00	155.00
	Student*	\$30.00	\$55.00	\$65.00
<b>Total Enclosed</b>				

**\*\*Registration cost includes Continental Breakfast, Lunch and Breaks.**

Select Payment Type:  Check or Money Order (Make check Payable to: Kentucky Nurses Association)  
 Visa  MasterCard  Discover

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_  
(Required for Credit Card Payments)

Mail check or credit card information, completed Registration Form to: Kentucky Nurses Association, 200 Whittington Parkway, Suite 101, Louisville, Kentucky 40222-4900. Fax Number: 502-637-8236  
 E-mail: [Carleneg@Kentucky-Nurses.Org](mailto:Carleneg@Kentucky-Nurses.Org) or Register online at [www.Kentucky-Nurses.org](http://www.Kentucky-Nurses.org)

**On-Line Registration can be made at on-line on or before 9/19/2011.**