

# HOW TO REGISTER

Complete the Advance Registration Form on page 15.

With the exception of a spouse or guest, each person registering should use a separate registration form. If additional forms are needed, feel free to copy.

## Fees

**Early Bird Discounted Rate** ..... \$200  
(Rate will apply to registrations postmarked on or before April 29, 2016)

**Regular Rate** ..... \$225  
(After April 29, the regular rate will be charged)

**Registration fee includes** ACHE sessions on May 12 and 13 and the Opening Breakfast and Awards Luncheon on May 13, all other sessions and tracks, reception and refreshment breaks.

## Payment

Payment can be made by using cash, check, American Express, VISA or MasterCard. Onsite registration must be paid at the time of registration. KHREF will not bill for onsite registration.

## Return completed form(s) with check payable to:

**KHREF**  
(Kentucky Hospital Research and Education Foundation, Inc.)  
**P. O. Box 436629**  
**Louisville, KY 40253-6629**

or

Credit card registrations **must be** completed online at: [http://www.kyha.com/CM/Events/Evts\\_List.aspx](http://www.kyha.com/CM/Events/Evts_List.aspx) using your American Express, MasterCard or VISA.

## ACHE

**Registration fee includes** the ACHE sessions on May 12 and 13.

**ACHE Luncheon, May 12** ..... \$30

**Use Section B** of the registration form to register for the ACHE Sessions and ACHE Luncheon.

## Spouse/Guest

**Spouse/Guest Registration Fee** ..... \$50  
(Includes the Breakfast and Lunch on May 12)

**The spouse or guest registration fee does not apply to employees of the hospital.**

## Sponsor Registration

Sponsor registration is outlined in the Sponsorship information. Sponsors wishing to register additional attendees should use the Advance Registration Form and pay the Individual Registration Fee.

## Volunteer/Auxiliary

To register for the Annual Volunteer/Auxiliary Convention, see Volunteer/Auxiliary registration on page 16.

## Online Registration

Register online at [http://www.kyha.com/CM/Events/Evts\\_List.aspx](http://www.kyha.com/CM/Events/Evts_List.aspx) using your American Express, MasterCard or VISA.

## Request for Refunds

Refund requests must be received in writing before 4:00 p.m. on May 5, 2016, and a \$50 service fee will be charged. **No refunds will be made AFTER May 5, 2016. There will be NO exceptions.**

## Name Badges and Tickets

Name badges and tickets must be picked up at the KHA Convention registration desk, located at the entrance to the Thoroughbred Suites in the Lexington Convention Center. Materials will not be mailed in advance.

## Registration Desk Hours

**Thursday, May 12** ..... 8:00 a.m. - 5:00 p.m.

**Friday, May 13** ..... 7:30 a.m. - 2:00 p.m.

# ADVANCE REGISTRATION FORM

## KHA Annual Convention Advance Registration Form

**Note:** The early discounted registration fee of \$200 applies to all registrations postmarked on or before April 29, 2016. For registrations postmarked after April 29, the general registration fee of \$225 will apply. See "How to Register" on page 14 for additional details.

**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 may be made.

Name \_\_\_\_\_

First Name for Badge \_\_\_\_\_

Title \_\_\_\_\_

Hospital/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Spouse or Guest \_\_\_\_\_

### A. Required Registration for all Attendees (please select one or more)

#### Individual Registration

- \$200 Early Bird KHA Member Registration \$\_\_\_\_\_ (prior to April 29, 2016)
- \$225 KHA Member Registration \$\_\_\_\_\_ (after April 29, 2016)
- \$50 Spouse/Guest Registration \$\_\_\_\_\_ (does not apply to hospital employees)

#### Sponsor Registration

- \$200 per registrant over number allowed with Sponsorship Package \$\_\_\_\_\_

**Total Section A** \$\_\_\_\_\_

#### Indicate Meal function(s) you will attend

- Breakfast, May 13       Lunch, May 13
- Indicate if vegetarian meals are required.
- Indicate if gluten-free meals are required.

### B. ACHE Session

- \$30 ACHE Luncheon on May 12 \$\_\_\_\_\_
  - vegetarian meal     gluten-free meal
- I will attend the morning ACHE Session on May 12
- I will attend the afternoon ACHE Session on May 12
- I will attend the afternoon ACHE Session on May 13  
(The ACHE Sessions are included in the Individual Registration fee of \$200)

**Total Section B** \$\_\_\_\_\_

**Amount Enclosed** \$\_\_\_\_\_ (add totals from Sections A & B)

#### Indicate Method of Payment

- Check enclosed payable to KHREF  
Return to: **KHREF**  
**P. O. Box 436629**  
**Louisville, KY 40253-6629**
- American Express
- MasterCard
- VISA

Person to contact for card number:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Registrations must be mailed with payment to:**

**KHREF**  
**P. O. Box 436629**  
**Louisville, KY 40253-6629**  
**or**  
**for credit card payment, register online at:**  
**[http://www.kyha.com/CM/Events/Evts\\_List.aspx](http://www.kyha.com/CM/Events/Evts_List.aspx)**

**Refund Policy:** Requests for refunds must be received in writing before 4:00 p.m. on May 5, 2016. A \$50 service fee will be charged. There will be no refunds after May 5, 2016.

# VOLUNTEER/AUXILIARY REGISTRATION

## Advance Registration Form For Volunteers/Auxilians, Directors of Volunteer Services and Gift Shop Managers

**Note:** The early discounted registration fee applies to all registrations postmarked on or before April 29, 2016. For registrations postmarked after April 29, the general registration fee will apply.

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 may be made.

Name \_\_\_\_\_

First Name for Badge \_\_\_\_\_

Title \_\_\_\_\_

Hospital/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### C. Required Registration for all Attendees (please select one or more)

- \$60 Volunteer/Auxilian Registration (includes luncheon) (Early Bird — prior to April 29, 2016) \$\_\_\_\_\_
- \$68 Volunteer/Auxilian Registration (includes luncheon) (after April 29, 2016) \$\_\_\_\_\_
- \$75 Director of Volunteer/Gift Shop Manager Registration (includes luncheon) (Early Bird — prior to April 29, 2016) \$\_\_\_\_\_
- \$85 Director of Volunteer/Gift Shop Manager Registration (includes luncheon) (after April 29, 2016) \$\_\_\_\_\_
- \$35 Volunteer Luncheon Guest \$\_\_\_\_\_

**Total Section C/Amount Enclosed** \$\_\_\_\_\_

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

### Indicate Method of Payment

- Check enclosed payable to KHREF  
Return to: **KHREF**  
**P. O. Box 436629**  
**Louisville, KY 40253-6629**
- American Express
- MasterCard
- VISA

Person to contact for card number:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Registrations must be mailed with payment to:**

**KHREF, P. O. Box 436629, Louisville, KY 40253-6629**  
**or**  
**for credit card payment, register online at:**  
**[http://www.kyha.com/CM/Events/Evts\\_List.aspx](http://www.kyha.com/CM/Events/Evts_List.aspx)**

**Refund Policy:** Requests for refunds must be received in writing before 4:00 p.m. on May 5, 2016. A \$25 service fee will be charged. There will be no refunds after May 5, 2016.