



**MBAKY 30<sup>th</sup> Anniversary Gala & Education Conference**  
**Gala March 12<sup>th</sup> & Education Conference March 13<sup>th</sup>**

**Holiday Inn Louisville East**  
**1325 S. Hurstbourne Parkway Louisville, KY 40222**

	<u>Member</u> <u>Per Person</u>	<u>Non-Member</u> <u>Per Person</u>
Education Conference*	___ \$140	___ \$180
Gala Dinner	___ \$50	___ \$50

**\*Group discount (5 or more registrations)**

**\$15 off each registration**

**Please complete this form and return with proper payment no later than Thursday, March 7th:**

MBAKY Association Office

P.O. Box 596, Fishers, IN 46038-0596

For agenda information, go to the IMBA web site at: [www.mbaky.org](http://www.mbaky.org)

Phone (317) 428-7699 • Fax (317) 773-7354 • E-mail [mbaky@sbcglobal.net](mailto:mbaky@sbcglobal.net)

**Contact information for first and single registrations. List additional people on page two of this form.**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment Information**

**Please provide** \_\_\_ Invoice \_\_\_ Receipt (Sent via e-mail)

**Payment Method** \_\_\_ Check Credit Card: \_\_\_ VISA \_\_\_ MC \_\_\_ Amex \_\_\_ Discover \_\_\_

**Total Amount: \$** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Registrations for Additional Attendees**

**Make additional copies of this page if needed.**

**Registrations must be submitted together to get the discounted fees for additional people.**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_