

2023 Education Conference Registration Form March 14th and 15th

The Campbell House 14375 S. Broadway Lexington, KY 40504

Before 2/16

Per Person

After 2/15

Per Person

Security Code: _____ Expiration Date: _____

Billing Zip Code: _____

Registration Fees*			\$17	5	\$225				
*2023 'President's Special' pricing for non-members to be the same as members.									
Please complete and return with check no later than Friday, March 3 rd to: MBAKY 19359 Alpine Dr. Lawrenceburg, IN 47025 For agenda information, go to the IMBA web site at: www.mbaky.org Phone (317) 428-7699 • E-mail mbaky@sbcglobal.net									
Contact information for first and single registrations. List additional people on page two of this form.									
Name		Po	osition						
Company									
Address									
City		State		Zip Co	ode				
Phone	Fax		E-mail						
Payment Information									
Please provide	Invoice _	Receipt							
Payment Method	Check C	redit Card:	VISA M	C	Amex				

Total Amount: \$_____

Cardholder name: _____

Account #: ______Signature: _____

Registrations for Additional Attendees

Make additional copies of this page if needed.

Registrations must be submitted <u>together</u> to get the discounted fees for additional people.

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