



## 2024 Education Conference Registration Form March 4<sup>th</sup> and 5<sup>th</sup>

Holiday Inn Louisville East  
1324 Hurstbourne Parkway Louisville, KY 40222

	<u>Before 2/5</u> <u>Per Person</u>	<u>After 2/4</u> <u>Per Person</u>
Registration Fees*	___ \$175	___ \$225

**\*Includes Monday night dinner**

**Please complete and return with payment no later than Friday, February 23<sup>rd</sup> to:**

MBAKY 19359 Alpine Dr. Lawrenceburg, IN 47025  
For agenda information, go to the IMBA web site at: [www.mbaky.org](http://www.mbaky.org)  
Phone (317) 428-7699 • 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 \_\_\_\_\_ Monday Dinner (Y/N) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment Information

Please provide \_\_\_ Invoice \_\_\_ Receipt  
Payment Method \_\_\_ Check Credit Card: \_\_\_ VISA \_\_\_ MC \_\_\_ Amex  
Total Amount: \$ \_\_\_\_\_  
Cardholder name: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Account #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Registrations for Additional Attendees**

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

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Monday Dinner (Y/N) \_\_\_\_\_

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

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