



**2012 JOINT ANNUAL MEETING OF
KENTUCKY PUBLIC HEALTH ASSOCIATION
AND
SOUTHERN HEALTH ASSOCIATION
64TH ANNUAL CONFERENCE REGISTRATION FORM
MARCH 27-30, 2012**



**CROWNE PLAZA HOTEL, 830 Phillips Lane, Louisville, KY 40209
1/888-233-9527, <http://www.crowneplaza.com>**

PUBLIC HEALTH... WHERE WE'VE BEEN...WHERE WE ARE...WHERE WE'RE GOING

NAME _____

ADDRESS _____

CITY & STATE _____ ZIP CODE _____

EMPLOYER _____ DAY PHONE # (____) _____

E-MAIL _____

I. MEMBERSHIP INFORMATION:

**A. Affiliation/Section
(Circle One)**

- | | |
|---|------------------------------|
| 1. Administration | 7. Health Education |
| 2. Administrative Support | 8. Home Health/Home Visiting |
| 3. Boards of Health | 9. Nutrition |
| 4. Community Health Planning/ Preparedness | 10. Public Health Nursing |
| 5. Environmental | 11. School Health |
| 6. Epidemiology | |

**B. Membership Type
(Circle One)**

- | | |
|---|------------|
| Dues Already Paid | \$ 0 |
| Individual | \$30.00 |
| Individual 2-year | \$50.00 |
| Organizational | \$250.00 |
| Organizational 2-yr | \$400.00 |
| Student | \$15.00 |
| Local Board of Health | \$150.00 |
| Local Governing Agency | \$150.00 |
| Institutional Membership <i>(includes up to 45 FT faculty)</i> | \$1,000.00 |

**C. Amount
(Circle One)**

II. REGISTRATION INFORMATION: *The Exhibitors' Reception, Awards Luncheon and Plenary Breakfast are included in registration fees. Additional luncheon tickets may be purchased separately, as space allows, by contacting the KPHA Office or at the conference registration desk (Awards Luncheon(3/29/12) @ \$30 each and Breakfast (3/30/12) @ \$20 each.)*

A. Program and CEU Registration on-line: <http://ky.train.org> TRAIN Course ID # 1030254

B. Registration Fees:

| Registration type (Circle One) | PRE-REGISTRATION | AT CONFERENCE |
|--|------------------|---------------|
| Members Full Registration | \$150.00 | \$200.00 |
| Non- Members Full Registration | \$200.00 | \$250.00 |
| Students Member (*Does not include lunch) | \$15.00* | \$25.00* |
| Student Non-Member (*Does not include lunch) | \$30.00* | \$40.00* |
| Life Members pay 1/2 membership price of chosen option | \$ _____ | \$ _____ |

NOTE: PRE-REGISTRATION MUST REACH FRANKFORT PRIOR TO March 2, 2012.

C. Optional Scholarship Donation: General/Undesignated ____ Ellen Burchart ____ Gerald Luttrell ____

D. Charitable Contribution _____

E. Total Amount to be paid:

(Initial membership or renewal, conference registration and donation total)

| |
|----------|
| \$ _____ |
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III. PAYMENT:

- 1) Make Checks payable to: **2012 KPHA CONFERENCE** and mail along with printed registration form to: KPHA Registration Chairperson, P.O. Box 1091, Frankfort, KY 40602-1091 **OR**
- 2) Pay on-line @ <http://kpha-ky.org>

**PRE-REGISTRATION MUST REACH FRANKFORT PRIOR TO March 2, 2012
NO REFUNDS WILL BE MADE AFTER March 2, 2012**