

2008 Conference Registration Form (one name per form; may be photocopied)

Name _____ Title _____
 Company _____
 Address _____ E-mail _____
 City _____ State _____ Zip _____
 Telephone () _____ Fax () _____

<p><u>Full Registration</u> <i>Admittance into the full three day conference includes all meals, General Sessions, 6 rounds of Workshops, Casino Night, 2 receptions, Banquet, and KSHN membership</i></p> <p>_____ \$450 (postmarked before April 18) _____ \$550 (postmarked after April 18)</p>	<p><u>One Day Registration</u> <i>Admittance into the conference for one day includes all meals for that day, General Session, 3 rounds of Workshops, 1 reception, and KSHN membership</i></p> <p>_____ \$325 (postmarked before April 18) _____ \$425 (postmarked after April 18)</p> <p>Circle Day Attending: May 7 May 8</p>
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Guest Tickets (a purchase from this group is optional)

Opening General Session (Charlie Morecraft) _____ x \$50 = _____
 Opening Luncheon (Wednesday) _____ x \$35 = _____
 Partnership Luncheon (Thursday) _____ x \$35 = _____
 Governor's Banquet _____ x \$50 = _____

Pre-Conference Courses – Requires Full Registration

_____ Fall Protection Supervisor - \$200 8:00 a.m. - 5:00 p.m.	_____ Back Safety - \$25 1:00 p.m. - 5:00 p.m.
_____ 10 Hour General Industry - \$100 Full Day Tuesday & Full Day Wednesday	_____ First Aid Certification - \$15 1:00 p.m. - 5:00 p.m.
_____ NSC Defensive Driving - \$25 1:00 p.m. - 5:00 p.m.	_____ CPR & AED Certification - \$15 8:00 a.m. - 12:00 p.m.
_____ World Class Safety Culture - \$175 8:00 a.m. - 4:30 p.m.	

Registration	\$ _____
+ Guest Tickets	\$ _____
+ Pre-Conference Courses	\$ _____
= GRAND TOTAL	\$ _____

Payment Method

Check # _____ (Payable to KSHN) _____ Master Card _____ Visa Am Ex _____ Discover
 Name on Card _____ Cardholder Signature _____
 Card Number _____ Expiration Date _____

Mail Payment to:

KSHN Conference
 P.O. Box 4087
 Frankfort, KY 40604-4087

Questions:

Call (502)564-3070, ext. 420

****NO REFUNDS****