Complete the Advance Registration Form on page 11.

With the exception of a spouse or guest, each person registering should use a separate registration form. If additional forms are needed, feel free to copy.

Fees

**Early Bird Discounted Rate** ........................................ $200  
(Rate will apply to registrations postmarked on or before Monday, April 26, 2013)

**Regular Rate** .......................................................... $225  
(After April 26, the regular rate will be charged)

Registration fee includes the Opening Session/Breakfast and Awards Luncheon on May 10, reception and refreshment breaks.

Payment

Payment can be made by using cash, check, American Express, VISA or MasterCard. Onsite registration must be paid at the time of registration. KHREF will not bill for onsite registration.

Return completed form(s) with check payable to:

KHREF  
(Kentucky Hospital Research and Education Foundation, Inc.)  
P. O. Box 436629  
Louisville, KY 40253-6629  
or  
Credit card registrations must be completed online at: [https://secure.kyha.com/meetingregistration.asp](https://secure.kyha.com/meetingregistration.asp) using your American Express, MasterCard or VISA.

ACHE

Registration fee also includes the ACHE session on Thursday, May 9.

**ACHE session ONLY** .............................................. $100

**ACHE Luncheon, May 9** .......................................... $30

Use Section B of the registration form to register for the ACHE Session only and ACHE Luncheon.

Spouse/Guest

**Spouse/Guest Registration Fee** .......................... $50  
(Includes the Breakfast and Lunch on May 10)

The spouse or guest registration fee does not apply to employees of the hospital.

Sponsor Registration

Sponsor registration is outlined in the Sponsorship information. Sponsors wishing to register additional attendees should use the Advance Registration Form and pay the Individual Registration Fee.

Volunteer/Auxiliary

To register for the Annual Volunteer/Auxiliary Convention, see Volunteer/Auxiliary registration on page 12 (reverse side of Advance Registration Form.)

Online Registration

Prefer the ease of online registration?  
Getting near the registration deadline?  
Still want to make the early bird deadline?  
Register online at [https://secure.kyha.com/meetingregistration.asp](https://secure.kyha.com/meetingregistration.asp) using your American Express, MasterCard or VISA.

Request for Refunds

Refund requests must be received in writing before 4:00 p.m. on May 1, 2013, and a $50 service fee will be charged. No refunds will be made AFTER May 1, 2013. There will be NO exceptions.

Name Badges and Tickets

Name badges and tickets must be picked up at the KHA Convention registration desk, located at the entrance to the Thoroughbred Suites in the Lexington Convention Center. Materials will not be mailed in advance.

Registration Desk Hours

**Thursday, May 9** ............................................. 8:00 a.m. - 5:00 p.m.  
**Friday, May 10** ............................................. 7:30 a.m. - 2:00 p.m.
KHA Annual Convention
Advance Registration Form

Note: The early discounted registration fee of $200 applies to all registrations postmarked on or before April 26, 2013. For registrations postmarked after April 26, the general registration fee of $225 will apply. See “How to Register” on page 10 for additional details.

Please print or type all information. This information will be used to prepare your convention name badge. USE ONLY ONE FORM FOR EACH REGISTRANT. Copies may be made.

Name ______________________________________________
First Name for Badge _________________________________
Title _______________________________________________
Hospital/Organization _________________________________
Address ____________________________________________
City _______________________________________________
State/Zip ___________________________________________
Telephone __________________________________________
E-mail  _____________________________________________
Spouse or Guest _____________________________________

A. Required Registration for all Attendees
   (please select one or more)

Individual Registration
☐ $200 Early Bird KHA Member Registration $_______
   (prior to April 26, 2013)
☐ $225 KHA Member Registration $_______
   (after April 26, 2013)
☐ $50 Spouse/Guest Registration $_______
   (does not apply to hospital employees)
☐ $350 Non-member Hospital Registration $_______

Sponsor Registration
☐ $200 Per registrant over number allowed $_______
   with Sponsorship Package

Total Section A $_______

Indicate Meal function(s) you will attend
☐ Breakfast, May 10  ☐ Lunch, May 10

☐ Indicate if vegetarian meals are required.

B. ACHE Session

Wednesday, May 9
☐ $30 ACHE Luncheon $_______
☐ $100 ACHE Session $_______
   (3-hr session on May 9)
   (fee applies if NOT registering for full convention)

Total Section B $_______

Amount Enclosed $_______
   (add totals from Sections A & B)

Indicate Method of Payment
☐ Check enclosed payable to KHREF
   Return to:  KHREF
   P. O. Box 436629
   Louisville, KY  40253-6629
☐ American Express
☐ MasterCard
☐ VISA

Person to contact for card number:

Name _________________________________________
Phone # _______________________________________
Name on Card __________________________________
Signature ______________________________________

Registrations must be mailed with payment to:
KHREF, P. O. Box 436629, Louisville, KY  40253-6629
or for credit card payment, register online at:
https://secure.kyha.com/meetingregistration.asp.

Refund Policy: Requests for refunds must be received in writing before 4:00 p.m. on May 1, 2013. A $50 service fee will be charged. There will be no refunds after May 1, 2013.
# Volunteer/Auxiliary Registration

## Advance Registration Form For Volunteers/Auxiliaries, Directors of Volunteer Services and Gift Shop Managers

**Note:** The early discounted registration fee applies to all registrations postmarked on or before April 26, 2013. For registrations postmarked after April 26, the general registration fee will apply.

- Please print or type all information. This information will be used to prepare your convention name badge. **USE ONLY ONE FORM FOR EACH REGISTRANT.** Copies may be made.

| Name ______________________________________________ |
| First Name for Badge _________________________________ |
| Title _______________________________________________ |
| Hospital/Organization _________________________________ |
| Address ____________________________________________ |
| City _________________________________________________ |
| State/Zip ___________________________________________ |
| Telephone __________________________________________ |
| E-mail _____________________________________________ |

### C. Required Registration for all Attendees

- Choose one or more from the options below:

  - $50 Volunteer/Auxilian Registration (includes luncheon)  
    (Early Bird — prior to April 26, 2013)  
    $_______
  - $60 Volunteer/Auxilian Registration (includes luncheon)  
    (after April 26, 2013)  
    $_______
  - $70 Director of Volunteer/Gift Shop Manager Registration (includes luncheon)  
    (Early Bird — prior to April 26, 2013)  
    $_______
  - $80 Director of Volunteer/Gift Shop Manager Registration (includes luncheon)  
    (after April 26, 2013)  
    $_______
  - $35 Volunteer Luncheon Guest  
    $_______

**Total Section C/Amount Enclosed $_______**

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**Indicate Method of Payment**

- Check enclosed payable to KHREF  
  Return to: **KHREF**  
  **P. O. Box 436629**  
  **Louisville, KY 40253-6629**
- American Express  
- MasterCard  
- VISA

**Person to contact for card number:**

| Name _________________________________________ |
| Phone # ______________________________________ |
| Name on Card __________________________________ |
| Signature _____________________________________ |

**Registrations must be mailed with payment to:**  
**KHREF, P. O. Box 436629, Louisville, KY 40253-6629**

**or for credit card payment, register online at:**  
**https://secure.kyha.com/meetingregistration.asp.**

**Refund Policy:** Requests for refunds must be received in writing before 4:00 p.m. on May 1, 2013. A $25 service fee will be charged. There will be no refunds after May 1, 2013.