

KSMA REGISTRATION FORM

EVENT: 63rd ANNUAL CONFERENCE

MEETING DATE: April 17-19, 2026

WEBSITE: www.kentuckymedicalassistants.com

LOCATION: Clarion Hotel, Lexington KY

NAME _____

ADDRESS _____

PHONE _____ CHAPTER _____

AAMA Member # _____ Email: _____

REGISTRATION DEADLINE –April 3, 2025

\$25.00 late fee should be added for all full registrations received after the deadline.

NO REFUNDS AFTER APRIL 10, 2025

Members (AAMA)	Fee	√	Non Member (AAMA)	Fee	√
Full Registration (includes meals)	\$100.00		Full Registration (includes meals)	\$150.00	
Friday only (includes meals)	\$60.00		Friday only (includes meals)	\$90.00	
Saturday only (includes meals)	\$75.00		Saturday only (includes meals)	\$100.00	
Sunday only (includes meals)	\$30.00		Sunday only (includes meals)	\$40.00	
Guest tickets (meals)			Students		
Friday lunch	\$25.00		No charge (includes meals)	0.00	
Friday Welcome	\$35.00				
Saturday lunch	\$25.00				
Saturday Banquet	\$40.00				
			Pay Pal fee	\$10.00	
			Total of all checked items	\$	

Meals are included, but we need a head count so meals aren't left over, please mark below.

Will you be attending the Friday lunch? Circle Yes No

Will you be attending the Friday Welcome party? Circle Yes No

Will you be attending the Saturday lunch? Circle Yes No

Will you be attending the Saturday Banquet? Circle Yes No

Guest tickets may be purchased. (see above)

Make checks **payable to KSMA** and mail to: Terri Slinker, CMA, (AAMA)
396 Spring Hill Drive
Campbellsville, KY 42718
Fax 270-789-2641

For Pay Pal use www.kentuckymedicalassistants.com