

# Kentucky Self-Insurers' Association Conference - May 14, 2025

## Registration Form

You **MUST** provide a KY DOI Number to register as an adjuster at a TPA or Carrier AND to receive CE credits.

Company \_\_\_\_\_ Your DOI # \_\_\_\_\_

Your Name \_\_\_\_\_ Your Title \_\_\_\_\_

Your Email \_\_\_\_\_ Your Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Cancellation & No Show Policy** Attendees who register for the Conference and do not show up and will be subject to a \$50 administrative fee per person unless written cancellation is provided to the KSIA Office prior to May 7, 2025.

**I understand that no-show registrants will be subject to a \$50 administration fee per person unless written cancellation is provided to the KSIA Office by MAY 7, 2025 and agree to pay any applicable fees.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Put an <b>X</b> next to your registration type.	Type of Registrant	Regis Fee/Person	
		Thru May 1	After May 1
	<b>Adjuster</b> at Self-Insured, Self-Administered Company	\$0	\$25
	<b>Adjuster</b> at TPA*	\$0	\$25
	<b>Adjuster</b> at Carrier*	\$0	\$25
	<b>Non-Adjuster</b> TPA Staff of KSIA Member Company	\$50	\$125
	<b>Non-Adjuster</b> TPA Staff of Non-Member Company	\$200	\$275
	<b>Attorney or Law Firm Staff</b>	\$350	\$425

**Total Due \$** \_\_\_\_\_

**Payment Info**  Check enclosed (payable to KSIA)  Credit card info below

Name on card \_\_\_\_\_ Card # \_\_\_\_\_

Exp \_\_\_\_\_ Security Code \_\_\_\_\_ Email for receipt \_\_\_\_\_

Billing Address \_\_\_\_\_

**Please complete and return with payment to:** KSIA; 5932 Timber Ridge Drive, Ste 101; Prospect, KY 40059

**Questions?** P: (502)223-5322 michelle@ksae.com or kyselfinsurersassn@gmail.com