

# Kentucky Self-Insurers' Association Conference 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 10, 2024.

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 10, 2024** and agree to pay any applicable fees.

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

Put an X next to your registration type.	Type of Registrant	Regis Fee/Person	
		Thru May 10	After May 10
	Adjuster at Self-Insured, Self-Administered Company	\$0	\$25
	Adjuster at TPA*	\$0	\$25
	Adjuster at Carrier*	\$0	\$25
	Non-Adjuster TPA Staff of KSIA Member Company	\$50	\$125
	Non-Adjuster TPA Staff of Non-Member Company	\$200	\$275
	Attorney or Law Firm Staff	\$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