

2017 KHDA ANNUAL CONFERENCE

October 25-27, 2017

The Galt House
140 N Fourth Street
Louisville, Kentucky 40202
Phone: 502-589-5200

REGISTRATION FORM

Name _____

Position _____

Health Department/Company _____

Health Department/Company Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Registration for Conference is \$100.00.

- Registration fee enclosed.
 Please bill me at the above address.
 I am faxing my form and will mail the check.

Please check those meals you plan to attend:

- Lunch, Wednesday, October 25
 Awards Dinner, Wednesday, October 25
 Breakfast, Thursday, October 26
 Lunch, Thursday, October 26
 Breakfast, Friday, October 27

Please note any dietary restrictions: _____

Make checks payable to: KHDA

Return to: KHDA ANNUAL CONFERENCE RETREAT
P.O. Box 4647
FRANKFORT, KY 40604-4647
Or fax to: (502) 226-5155

Room reservations can be made by calling The Galt House at 502-589-5200 or through this link: <https://aws.passkey.com/go/KHDAConference2017>. The room rate is \$125 per night. Please mention you are with KHDA. Rooms will be blocked until September 25, 2017. After that date, rooms may or may not be available. You may download this form at www.khda-ky.org. Questions? Contact Steve Bing at sbing.kpha@gmail.com, (502) 875-2255 Office or (502)229-0464 Cell; or Jill LeMaster at jlemaster.kpha@gmail.com.