

2020 KSBA Winter Symposium

Dec. 4–5, Louisville Marriott Downtown

Full name, title and district/organization (for badge)	Email*	Workshop Selections						Friday Breakfast	Friday Lunch
		A #	B #	C #	D #	E #	F #	\$25	\$35
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		
		A #	B #	C #	D #	E #	F #		

**Please include individual email for each attendee*

Additional email to receive the registration confirmation: _____

Symposium information

- To register: Please mail this form to Winter Symposium, 260 Democrat Drive, Frankfort, KY 40601, or REGISTER ONLINE at [KSBA.org](https://ksba.org) under KSBA Events. Registrations should be forwarded as soon as possible and must be received no later than Dec. 1. Cancellations must be received in writing by Nov. 25. After this date, each cancellation will incur a \$100 fee that covers food, beverages and materials reserved in anticipation of your attendance. Substitutions are allowed.
- Hotel registration: A block of rooms is being held at the Louisville Marriott Downtown under KSBA Winter Symposium for the nights of Dec. 3 through Dec. 5. Rates are \$144 (plus tax). Make your reservation at <https://book.passkey.com/event/50079991/owner/18553/home>.
- Conference registration fee: \$270. This fee includes admission to all sessions, conference materials, exhibits, Friday Reception and Saturday continental breakfast. Breakfast on Friday, Dec. 3 is \$25. Lunch on Friday, Dec. 3 is \$35. Breakfast and lunch tickets must be purchased no later than 5 p.m., Thursday, Dec. 3.
- Early on-site registration: Beat the rush! Pick up your registration packet on Dec. 3 from 4-6 p.m. at the conference registration desk.

Billing information – please print

School District/organization: _____

Billing Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Email:** _____

A check or purchase order must accompany your registration. **Please be sure to fill out the correct billing address for any purchase orders.**

Conference registrations ____ x \$270 = _____ Breakfast ____ x \$25 = _____ Lunch ____ x \$35 = _____

Check # _____ (Please make check payable to KSBA) Purchase Order# _____

Credit card payment: _____ VISA/MC _____ DISCOVER _____ AMEX

Name as it appears on credit card: _____

Amount: \$ _____ Credit Card #: _____

Expiration date: _____ Signature: _____

Zip code: _____

Please use this as an invoice. If you need an actual invoice, please contact us.