



Joined by AHHS, ARHPA,
ASHA, ASM and ASR
January 16-19, 2019

REGISTRATION FORM

Mail or fax registration form before January 1, 2019 with payment to: UPHA, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511, or fax to (859)255-2774. To register online visit: www.uphaonline.com.

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____

Guests Included below:

Name: _____ Name: _____
 Name: _____ Name: _____

Sunset Social Reception is complimentary and only available with purchase of Gold or Silver Level package.

	BEFORE 1/1/19	1/1/19 or later	# Attending	Total
PACKAGES:				
Gold Level	\$399.00	\$450.00	_____	\$_____
<ul style="list-style-type: none"> • Registration (includes meetings) • Thursday, Friday, & Saturday lunches • Thursday & Saturday Awards Dinners • Sunset Social Reception (Fri. PM) 				
Silver Level	\$299.00	\$350.00	_____	\$_____
<ul style="list-style-type: none"> • Registration (includes meetings) • One lunch (please circle one) Thursday Friday Saturday • Thursday & Saturday Awards Dinners • Sunset Social Reception (Fri. PM) 				
OR CHOOSE INDIVIDUALLY:				
Registration-includes meetings (adults)	\$100.00	\$200.00	_____	\$_____
Registration-includes meetings (17 years old & under)				
Birthdate: _____	\$65.00	\$125.00	_____	\$_____
Thursday Lunch	\$60.00	\$80.00	_____	\$_____
Thursday Dinner	\$95.00	\$115.00	_____	\$_____
Friday Lunch	\$60.00	\$80.00	_____	\$_____
Saturday Lunch	\$60.00	\$80.00	_____	\$_____
Saturday Dinner	\$99.00	\$119.00	_____	\$_____
TOTAL DUE				_____

Everyone must pay registration fee to attend meal functions and meetings!

Refund Policy: Cancellations must be made in writing no later than January 1, 2019. No refunds will be issued on cancellations received after this date, or for conference no-shows. Refunds will not be processed until after the conference.

Method of Payment: A 4% convenience fee will be added to all credit card transactions.

Check Enclosed/Payable to UPHA Check # _____ Visa MasterCard Amex

_____ Expiration Date _____ CVV Code _____
 Credit Card Number

_____ _____
 Billing Address of Card (mandatory) Zip Code

_____ _____
 Print Name (as it appears on credit card) Cardholder's Signature