

Kentucky Health Information Management Association ~ Annual Meeting  
**“A World of Opportunities-Vision 2009”**  
 Paroquet Springs Conference Center ~ Shepherdsville, KY  
**June 11 & 12, 2009**



**REGISTRATION FORM**

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**Please type or print: AHIMA ID# \_\_\_\_\_ (if available)**

NAME \_\_\_\_\_

( ) RHIA ( ) RHIT ( ) CCS ( ) STUDENT ( ) OTHER

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EXT \_\_\_\_\_ FAX \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TITLE \_\_\_\_\_

E-MAIL \_\_\_\_\_

(E-mail address will NOT be released—for updates and communication only)

**REGISTRATION POSTMARK DEADLINE: Friday – May 29, 2009**

**Registration Fees**

2 Day Registration	June 11 <sup>th</sup> & 12 <sup>th</sup>	\$175.00 _____
1 Day Registration	Thursday, June 11 <sup>th</sup>	\$125.00 _____
1 Day Registration	Friday, June 12 <sup>th</sup>	\$125.00 _____
Student Registration	\$25.00 per day	# days _____

**AMOUNT ENCLOSED \$ \_\_\_\_\_**

**Walk-in Registration Fees – not postmarked by 5/29/09**

2 day walk-in registration	\$225.00 _____
1 day walk-in registration	\$175.00 _____

- **Only one registrant per form.**
- **Paypal payment & on-line registration available. Please send your registration form to [shepml@gmail.com](mailto:shepml@gmail.com) via email if paid by Paypal.**

**Registration Fees: POSTMARK – paypal/email by 11:00pm EST 5/29/09**

**Note: It will take two (2) business days to set up a personal or office paypal account. Plan accordingly for POSTMARK DEADLINES.**

**\*If not postmarked by date, the balance will be invoiced to you.**

**No substitute allowed if meeting/day not attended – each attendee required to register and pay fee.**

\*KHIMA reserves the right to change the program without notice.  
 Feel free to make copies of the registration form and share with others.  
 Registration fee includes: Lunch, breaks, handouts & fees for sessions.

**CANCELLATIONS:** All cancellations must be made in writing to the Central Office by Friday, May 29, 2009 and will be subject to a 40% processing fee. Cancellations received after this date will forfeit the entire fee.

**PRINT & RETURN Registration Form and check made payable to:  
 KHIMA - P.O. Box 43353 - Louisville, KY 40253**

**Marsha Shepherd, RHIA ~ Central Office Coordinator  
 Phone: 812-630-3598/E-mail [shepml@gmail.com](mailto:shepml@gmail.com)**

**Hotel Information: Sleep Inn and Suites  
 Shepherdsville, KY – ph#: 502-921-1001**

**KHIMA rate \$74.99 (2 queen beds or 1 king bed)  
 \$84.99 (suites-2 queen beds with sofa bed)  
 Cut-off Date for Reservation: 5/15/09**

**FOR OFFICE USE ONLY** Date Received \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_