

**2019 KBA WORKERS' COMPENSATION LAW SECTION
MID-WINTER MEETING
CLE SEMINAR REGISTRATION FORM**

Please note that if you will be attending the CLE seminar, this form must be returned to Lori Alvey to ensure we have a complete list of attendees and sufficient materials.

Registration Information

Full Name: _____

Firm/Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Seminar Materials Preference (check one)

Printed Materials (will be mailed to the address above prior to the program)

PDF download (link will be emailed to all attendees prior to the program)

CLE Fees (check one):

Cost

I am a KBA Workers' Comp Section member. FREE

I am **not** a KBA Workers' Comp Section member. \$200

Total amount enclosed: \$ _____

Please make checks payable to "Kentucky Bar Association" and mail form with checks to:
Lori Alvey
Kentucky Bar Association
514 West Main Street
Frankfort, KY 40601

Completed forms where no payment is required may be emailed to Lori Alvey at lalvey@kybar.org.

Questions?

Please contact Lori Alvey at lalvey@kybar.org or (502) 564-3795.