

KENTUCKY PODIATRIC MEDICAL ASSOCIATION 2026 SCIENTIFIC CONFERENCE
April 17 - 18, 2026 Seelbach Hotel Louisville, KY

SPONSOR REGISTRATION FORM

(more information on the back)

____ Platinum Sponsor = \$7,500 *ONLY ONE AVAILABLE*

____ Gold Sponsor = \$5,000 *ONLY TWO AVAILABLE*

____ Silver Sponsor = \$2,500

____ Bronze Sponsor = \$1,500

Please print ***Please send representative(s) name(s) once they are finalized.***

Company Name: _____

Contact Name: _____ Contact Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

____ Check payable to KPMA is enclosed for \$ _____

____ Charge \$ _____ to my Credit Card ☐ MC ☐ Visa ☐ Amex

Card # _____ Exp _____ Security Code _____

Name on Card _____

Billing Address _____

City, State, Zip _____

Email for receipt _____

Authorized Signature _____

ALL registrations must be accompanied by full payment. KPMA's tax ID number is 61-1075602.
Sponsorships are awarded on a first-come, first-served basis.

Return this form with payment to:

KY Podiatric Medical Association, 5932 Timber Ridge Dr, Ste 101, Prospect, KY 40059
Or fax to 502-223-4937

Questions? Please see the enclosed page for sponsorship details or contact the KPMA Office at 502-223-5322 or michelle@kypma.org