

KENTUCKY PODIATRIC MEDICAL ASSOCIATION 2020 SCIENTIFIC CONFERENCE
August 21-23, 2020 Hilton Lexington Downtown Lexington, KY

SPONSOR / EXHIBITOR REGISTRATION FORM

(more information on the back)

____ Premium Exhibit Package (\$1,500)

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Company Name: _____

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____ Check payable to KPMA is enclosed for \$ _____

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

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ALL registrations must be accompanied by full payment. KPMA's tax ID number is 61-1075602.
Sponsorship and Premium Exhibit Packages 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 exhibit and sponsorship details or contact the KLA Office at 502-223-5322 or info@kypma.org