



## Yes, Sign Me Up for the Area VIII Annual Meeting!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Yes, sign me up!**

Registration Fee                    Number \_\_\_\_\_ X                    \$40 \_\_\_\_\_

Saturday Lunch (Optional)    Number \_\_\_\_\_ X                    \$15 \_\_\_\_\_

**No, I cannot attend, but would like to make a donation: Total \$\_\_\_\_\_**

**Please send form with check payable to USEA Area 8**

**to:**

**Lisa Thomas, 4933 Bloomfield Rd, Springfield, KY 40069**