



Joined by AHHS, ARHPA,  
ASHA, ASM and ASR  
January 16-19, 2019

### REGISTRATION FORM

Mail or fax registration form before January 1, 2019 with payment to: UPHA, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511, or fax to (859)255-2774. To register online visit: [www.uphaonline.com](http://www.uphaonline.com).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Guests Included below:

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

**Sunset Social Reception is complimentary and only available with purchase of Gold or Silver Level package.**

	BEFORE 1/1/19	1/1/19 or later	# Attending	Total
<b>PACKAGES:</b>				
<b>Gold Level</b>	\$399.00	\$450.00	_____	\$_____
• Registration (includes meetings)				
• Thursday, Friday, & Saturday lunches				
• Thursday & Saturday Awards Dinners				
• Sunset Social Reception (Fri. PM)				
<b>Silver Level</b>	\$299.00	\$350.00	_____	\$_____
• Registration (includes meetings)				
• One lunch (please circle one)	Thursday	Friday	Saturday	
• Thursday & Saturday Awards Dinners				
• Sunset Social Reception (Fri. PM)				
<b>OR CHOOSE INDIVIDUALLY:</b>				
Registration-includes meetings (adults)	\$100.00	\$200.00	_____	\$_____
Registration-includes meetings (17 years old & under)				
Birthdate: _____	\$65.00	\$125.00	_____	\$_____
Thursday Lunch	\$60.00	\$80.00	_____	\$_____
Thursday Dinner	\$95.00	\$115.00	_____	\$_____
Friday Lunch	\$60.00	\$80.00	_____	\$_____
Saturday Lunch	\$60.00	\$80.00	_____	\$_____
Saturday Dinner	\$99.00	\$119.00	_____	\$_____

**TOTAL DUE** \_\_\_\_\_

**Everyone must pay registration fee to attend meal functions and meetings!**

**Refund Policy:** Cancellations must be made in writing no later than January 1, 2019. No refunds will be issued on cancellations received after this date, or for conference no-shows. Refunds will not be processed until after the conference.

**Method of Payment:** A 4% convenience fee will be added to all credit card transactions.

☐ Check Enclosed/Payable to UPHA Check # \_\_\_\_\_

☐ Visa

☐ MasterCard

☐ Amex

\_\_\_\_\_  
Credit Card Number

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

\_\_\_\_\_  
Billing Address of Card (mandatory)

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Print Name (as it appears on credit card)

\_\_\_\_\_  
Cardholder's Signature