



Blue Grass Association of Insurance Women
 Member of National Association of Insurance Women International
 66th Annual Region IV Conference
 Thursday March 17, 2011 – Sunday March 20, 2011



Kick up Your Heels in the Bluegrass

Name:	Badge Name:	
Local Association:	Designation(s):	
Employer:		
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	

Please check here if you DO NOT want to be listed in the program.

Please check here for an e-mail confirmation of your registration.

E-mail address: _____

Registration Includes ALL Official Conference Events No refunds after February 17,2011		
	Amount	Total Amount
Member	\$185.00	\$
Guest	\$185.00	\$
Daily (provide date)	\$ 90.00	\$
Additional Awards Dinner Tickets - \$60.00 each		\$
Total		\$

Planning on attending Awards Banquet Saturday? Yes No

A cash prize of \$1,000 will be awarded to one lucky member at the banquet, must be present to win.

**Make all checks payable to: BGAIW 2011 Region IV Conference
 Registration Deadline: March 1, 2011**

Mail Registration form and check to:
Peggy E. Barnes, AAI, CPIW, CTA, DAE
Registration Chairman
2936 Summerfield Drive
Lexington, KY 40511
(859) 243-0338 Home

**For Room Reservations please contact the Marriott at 859-231-5100 --
 Rate is \$115.00 plus taxes. [Griffin Gate Marriott Resort & Spa >>](#)**



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Please type or print.

Name: _____

Please check ALL that apply:

	Voting Delegate
	Alternate Delegate
	Local Association President
	CWC Contestant
	Speaker
	National President / Past
	National Officer / Past
	Regional VP / Director / Past
	CPIW / CPIM
	DAE
	Council / State Director / Past
	Council Director Elect
	First Timer
	Exhibitor
	Guest
	Young Professional (age 40 and under)

Do you need any auxiliary aids/services under the American's with Disability Act?	Yes / No
If yes, please explain:	
Do you have any menu restrictions?	Complete Form
Will you be arriving by car or plane?	Car / Plane
Arrival Date and Time	

EMERGENCY CONTACT INFORMATION	
In case of a medical emergency during the conference, please contact:	
Name & Relationship to Attendee: _____	
Daytime Telephone: _____	Evening Telephone: _____
Mobile Telephone: _____	
Any Medical allergies: _____	