



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: _____	

NAIW 69TH ANNUAL NATIONAL
CONVENTION DIETARY REQUEST:



ONLY FOR DIABETICS, FOOD ALLERGIES OR A NOTE FROM A DOCTOR.

Due to the increasing number of people on various diets, the hotel cannot accommodate everyone's individual diet needs and therefore require that only persons with severe medical conditions complete this form.

PLEASE NOTE: *We cannot guarantee any special requests if the hotel requires, we will ask for a note from your doctor.*

Name: _____

Member Number: _____ Region: _____

Please check one of the following options:

- Dairy Allergy
- Shellfish Allergy
- Vegetarian
- Nuts specify which kind: _____
- Eggs
- Fruits specify which kind: _____
- Vegetables specify which kind: _____
- Lactose Intolerant (Milk, cheeses, yogurt, ice cream etc)
- Other _____

PLEASE FAX THIS COMPLETED FORM TO Amy Dane **NO LATER THAN MAY 21, 2010** TO (918) 294-3711.

IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL Amy at conventions@naiw.org

***ANYONE WHO SUBMITS THIS FORM WILL RECEIVE A SPECIAL DIETARY CARD IN THEIR REGISTRATION PACKET—PLEASE BRING THIS CARD WITH YOU TO ALL MEAL FUNCTIONS AND PLACE IT AT YOUR SEAT SO THE FOOD AND BEVERAGE SERVERS ARE AWARE AND WILL SERVE ACCORDINGLY.**