



2018 Annual Meeting

November 2-3, 2018, Western Kentucky University

Pre- REGISTRATION FORM

Pre-Registration and Payment deadline is Oct 24.

Registrations unpaid as of Oct 24 will be assessed a \$25 surcharge

Abstracts were due October 1

PLEASE PRINT

Name _____
 Street Address _____
 City, State, Zip _____
 School/Employer _____
 Email _____
 Phone _____
 Section / Discipline _____

I plan on attending a free workshop on Friday at noon
 Science Policy & Advocacy (Yes / No) **SOLD OUT**

I plan on attending the Friday Posters & Social Hour (Yes / No)
 I plan on attending the Friday evening reception at the National Corvette Museum (Yes / No)
 Free shuttles available between WKU, Hyatt, and Museum starting at 6:30pm

I plan to attend the KAS Business Meeting Sat. Noon (Yes / No) Free Lunch tickets are **SOLD OUT**

I would like to receive a printed program (Yes / No)
 (if not a student) I am interested in volunteering to Judge (Yes / No) for the _____ Section

Meeting Registration Fees

KAS Member Rate
 KAS Professional Member before 10/1, \$60.00 _____ after 10/1, \$70.00 _____
 KAS Student Member before 10/1, \$35.00 _____ after 10/1, \$45.00 _____

Non Member Rate
 Professional before 10/1, \$85.00 _____ after 10/1, \$95.00 _____
 Student before 10/1, \$35.00 _____ after 10/1, \$45.00 _____

Fresh Dining Meal tickets – use anytime Fri until 8pm; Sat 10:30-7pm. Add \$8.50 each _____

2018 KAS Membership Dues

Professional Member \$35.00 _____
 Student Member \$15.00 _____
 Life Member \$400.00 _____

TOTAL \$ _____

Please make checks payable to Kentucky Academy of Science. Mail to 727 W Main St., Louisville 40202
 PHOTO WAIVER and LIABILITY WAIVER MUST ACCOMPANY THIS FORM (over please) 

**MEDIA RELEASE & CONSENT FORM for
Kentucky Academy of Science
November 2-3 2018 Annual Meeting**

- ✓ I authorize the Kentucky Academy of Science to photograph or record my name, likeness, voice and performance without payment or other compensation.
- ✓ I release all claim to audio and video recordings or photographs of this meeting and assign all rights to these images or recordings to the Kentucky Academy of Science.
- ✓ My assignment of these rights is not limited to any specific time period or purpose.
- ✓ I warrant that all material furnished by me is either my own original work or work for which I have obtained copyright permission and full authority to use for this purpose.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OR MY PARENTS OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant _____ Date _____

I certify that I have custody of Participant or am the legal guardian and that I have read this agreement and fully understand

Signature of Parent/Guardian _____ Date _____

**RELEASE AND WAIVER OF LIABILITY FORM for
Kentucky Academy of Science November 2-3, 2018 Annual Meeting**

- ✓ I release the Kentucky Academy of Science/Kentucky Academy of Science Foundation volunteers and employees from any and all claims, damages, and causes of action of any kind or nature resulting from or relating to my participation in or attendance at the KAS Annual Meeting. I release, waive, discharge and agree not to sue KAS/KAS Foundation volunteers and employees for any and all liability.

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