



2007/2008 ANNUAL INSTITUTIONAL MEMBERSHIP REGISTRATION

NAME: _____
POSITION / TITLE: _____
YEARS OF EXPERIENCE IN STUDENT RECEIVABLES: _____
SCHOOL NAME: _____
OFFICE NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____
BUSINESS PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____
SCHOOL WEBSITE ADDRESS: _____

Spring conference: General Butler State Resort Park, Carrollton, KY May 7 - 9, 2008

I plan to attend the KASRO Spring Conference Check One **YES** _____ **NO** _____

Amount of Fee Enclosed (\$30.00 per person) \$ _____

Make checks payable to: Kentucky Association of Student Receivable Officers (KASRO)

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

**Linda Smitha, KASRO Treasurer
University of Kentucky
18 Funkhouser Building
Lexington KY 40506-0054**

Phone: 859-257-3406 x263

Fax: 859-257-9590

Email: lsbrad02@uky.edu