



**Kentucky Broadcasters Association
Reimbursement Form**

Name: _____

Company: _____

Phone Number: _____ Email: _____

Make Check Payable to: _____

Address where check is to be sent: _____

City: _____ State: _____ Zip Code: _____

Event Attended:

Country Radio Seminar

NAB Show, Las Vegas

RAB Radio Show

Small Market TV Exchange

| Date | Description | Cost |
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Total Due: _____

Attach:

All applicable receipts

Copy of name badge

Submit all documentation:

By Mail: Kentucky Broadcasters Association

101 Enterprise Drive

Frankfort, KY 40601

By Email: KBA@KBA.org