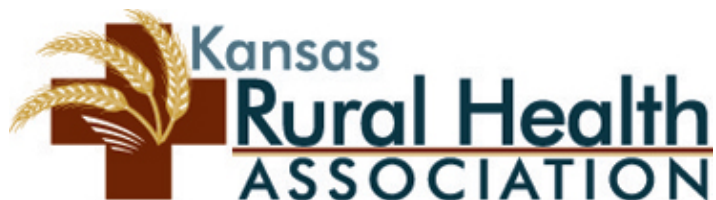


KSRHA Rural Health Symposium

Please complete the survey below.

Thank you!

Rural Health Symposium



Last Name

First Name

Email Address (personal or contact)

Cell Number

Credentials

Title

Organization

Street Address

City

State

Are you a Student?

- Yes
- No

If you are a student, what field of study?

Health Care Professional?

- CEO
- Hospital Leadership
- Pharmacy
- Nursing
- Medicine
- Paramedicine
- PT/OT/RT
- Other

If other, what is that profession?

Can we share your contact information with other members?

- Yes
- No

Are you a member of the NRHA? (National Rural Health Association)

- Yes
- No

Would you like to sponsor a student to the annual conference? (\$40 cost)

- Yes
- No

KsRHA 2019-2020 Membership Dues (\$10)
KsRHA 2019 Symposium Dues (\$50)
KsRHA Student Membership (Free)
(you are welcome to sponsor a student for \$50)

- Will pay at the conference
- Check is being mailed

We can accept checks that are made out to KsRHA and mailed to:

KsRHA
Attn: M. Kennedy
3901 Rainbow Blvd
Kansas City, KS 66160
Mail Stop 1055

There will also be availability to pay with a card on the day of the event.