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
☐ RAB Radio Show
☐ NAB Show, Las Vegas
☐ Small Market TV Exchange

Date	Description	Cost

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