KY SOS Emergency Department Bridge Program Conference Request Form

Name: _____

Conference Name and Location: _____

Conference Date(s): _____

Please include the following information and email completed form to Emily Henderson (ehenderson@kyha.com) or Mary Beth Ecken (mecken@kyha.com) for review.

Registration Cost	
Mileage Cost (round trip mileage x $0.70)	
Hotel Room Cost for overnight stay (if applicable)	
Total Reimbursement Amount (registration cost + mileage cost + hotel stay if applicable)	

***All requests must be approved by Melanie Landrum prior to registration. If request is approved, a signed form will be shared via email and applicants can proceed with registration. If request is denied, an explanation will be shared.**

The above request has been: ☐ *APPROVED* ☐ *DENIED*

_____ _____

Melanie Landrum Date

Please be sure to save all receipts, as they will be REQUIRED for reimbursement.