

Contact Inf	ormation (as it s	hould appear in th	e online directory)	
Firm Name:				
Main Contact: (Mr/Ms/Dr)				
Title:			MI	Last
			Suite	
City/State/	City		State	Zip
Billing Address:			City/State/Zip: _	
Phone:	Phone: E-Mail:			
Number of E	Emplovees:	Business Websi	te Address:	
Online Business Directory Category:  *For a complete listing of available categories, please go to <a href="https://www.commercelexington.com">www.commercelexington.com</a> , Business Directory, and select "All Categories" from the top menu. Listings must be specific to your business.				
Minority or fema Please specify: V	lle owned (circle only if n Noman, African American	nore than 50% minority on, Asian-Pac	r female owned) Yes No cific, Hispanic, Native American	ur Minority Business Directory)
Humana Broker Name: Agency Name (if applicable):				
Total to pay Health Soluti	_	rrolling in HealthSol		erce Lexington membership and annua
Group Size	1 7/5	10tal: \$		
2-5	\$ 745	Payment Method   Check   Visa   MC   AMEX   Discover		
6-10	\$ 835 \$ 1,325	Credit Card #	#	
31-50	\$ 1,545	Evn:	Rilling Zin:	CSV:
51-75	\$ 1,795	-		
76-100	\$ 2,000	Name (on ca	ırd)	
100+	\$ 2,500	Cardholder S	Signature:	
however, is not ded	ductible as a business expen		n's lobbying activity. The non-deduc	and necessary business expense. A portion of dues, tible portion is 5%. Commerce Lexington's federal tax ID
Please retui Commerce Le	rn this form with exington • Attn: Da	your payment to: na Zinger • P.O. Box	1968; Lexington, KY 40	588-1968 • Fax: (859) 233-3304
For Office Use Only: SIC Code: SA: Assigned to:				
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