

# KANSAS APCO CONFERENCE

Registration Form  
Wichita, Kansas

**ATTENDEE INFORMATION**

Are you a member?                      Yes \_\_\_  
Membership # \_\_\_\_\_              No \_\_\_

\_\_\_\_\_  
Last Name                                      First Name

\_\_\_\_\_  
Agency / Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    Zip

\_\_\_\_\_  
Phone Number                      e-mail address

I am planning on attending the following events:  
Breakfast \_\_\_                              Banquet \_\_\_

**ATTENDEE INFORMATION**

Are you a member?                      Yes \_\_\_  
Membership # \_\_\_\_\_              No \_\_\_

\_\_\_\_\_  
Last Name                                      First Name

\_\_\_\_\_  
Agency / Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    Zip

\_\_\_\_\_  
Phone Number                      e-mail address

I am planning on attending the following events:  
Breakfast \_\_\_                              Banquet \_\_\_

**Registration Fees**

| Category                        | Pre-registration | After October 1, 2010 |
|---------------------------------|------------------|-----------------------|
| Member                          | \$ 60.00         | \$ 75.00              |
| Nonmember                       | \$ 75.00         | \$ 85.00              |
| Number of Members Attending     | _____ @ _____    | = _____               |
| Number of Non-members Attending | _____ @ _____    | = _____               |
| Additional Breakfast Tickets    | _____ @ _____    | = _____               |
| Additional Banquet Tickets      | _____ @ _____    | = _____               |
| Total Amount Due                |                  | \$ _____              |

**Payment Methods**

- \_\_\_ Attached is a check for \$                      payable to: **Kansas Chapter of APCO**
- \_\_\_ Purchase Order / Voucher attached                      209 Hudson Ave    Oakley, KS 67748
- \_\_\_ Direct billing is discouraged but if needed, we will comply, there will be a 10% service fee applied after 30 days from date of conference
- \_\_\_ Special needs \_\_\_\_\_