

Facility Name: _____ Administrator/Operator: _____

Address: _____ Town and Zip: _____

Name of delegate voting at Annual Business Meeting: _____ Facility email address: _____

(Required for KCAL Member Facilities) Administrator's/ Operator's signature: _____

<p>Payment Method:</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Bill Facility <small>(KHCA /KCAL Members Only)</small> </p> <p>If paying by credit card, please complete the following:</p> <p>Account number _____ Exp date _____</p> <p>Signature _____</p> <hr/> <p>Name on card (print Questions? Call 785-267-6003 Fax 785-267-0833 Make your check payable to KHCA, and mail it to: KHCA, 117 SW 6th Ave. Suite 200, Topeka, KS 66603</p>	<p><input type="checkbox"/> KCAL Member - \$450 _____</p> <p>Includes 2 staff members from the same building \$550.00 after September 30th _____</p> <p><input type="checkbox"/> Non Member – State Licensed only - \$700 _____</p> <p>Includes 2 staff members from the same building \$800.00 after September 30th _____</p> <p style="text-align: right;">TOTAL \$ _____</p>
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Name (please print)	Name If Different for Nametag	License Type	License Number	Title
1.				
2.				

Register by August 1, 2010 and save 10%!

Registrations with method of payment must be received by September 30, 2010. Facilities wishing to register after **September 30, 2010** or at the door will be charged an additional fee of \$100 per facility. Cancellations must be received *in writing* by **September 30, 2010** to receive an 80% refund. **No refunds will be made for cancellations received after September 30, 2010 or for No-Shows.** Special dispensation will be given with proof of survey during the dates of convention.