

Facility Name: _____ Administrator: _____

Address: _____ Town and Zip: _____

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

(Required for KHCA Member Facilities) Administrator's signature: _____

Payment Method:

___ Check ___ MasterCard ___ Visa ___ Bill Facility
(KHCA /KCAL Members Only)

If paying by credit card, please complete the following:

Account number _____ Exp date _____

Signature _____

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

KHCA Member - \$750.00
 Includes 5 staff members from the same building
 \$850.00 after September 30th _____

Non Member - \$1050.00
 Includes 5 staff members from the same building
 \$1150.00 after September 30th _____

TOTAL \$ _____

Name (please print)	Name If Different for Nametag	License Type	License Number	Title
1.				
2.				
3.				
4.				
5.				

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.