

KHCA/KCAL 60th ANNUAL CONVENTION & TRADE SHOW-Wichita Hyatt & Century II October 21 & 22, 2010

Name: _____ Administrator: _____

Address: _____ Town and Zip: _____

Email address: _____

Administrator's/ Operator's signature: _____

<p>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 _____</p> <p>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"/> Individual Members - \$300.00 - Licensed/professional staff person \$ _____</p> <p><input type="checkbox"/> Non – licensed front line staff - \$50.00 No certificate of attendance will be issued, Must be affiliated with a facility \$ _____</p> <p><input type="checkbox"/> Individual Non Members - \$400.00 - Licensed/professional staff person \$ _____</p> <p>TOTAL \$ _____</p>
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Name (please print) 1.	Name If Different for Nametag	License Type	License Number	Title

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.