

2009 Fall Conference Registration Form



Mail registration to:
KAGC, PO Box 552
Frankfort KY, 40602
or fax to Scarlett Consalvi, (502) 696-8801



Registration Deadline is November 10, 2009

Name/Title

Organization

Mailing Address

Daytime Phone

E-mail address

Your registration is not confirmed until payment is received or documentation showing that payment is in process is provided. Check or purchase order number required for registration*

Registration Fees	Registration after 10/15
Member	\$75
Nonmember	\$115
Student	\$40

Amount Enclosed: \$ _____

Check or Purchase Order Number: _____

*Payment will not be accepted at the door. Cancellation Policy: Registration may be cancelled up to one week in advance to receive 50% refund. Please notify Amy Fields (amy.fields@kyret.com), if you are unable to attend or you are transferring your registration to someone else. Refunds will not be made after 11/13/2009. If you notify us in advance of the event, you may apply the non-refunded amount to the next event within 12-months. Registration for this event cannot be confirmed until payment is received or documentation showing that payment is in process is provided. Please contact Shawn Sparks, treasurer, at 502-696-8450 or shawn.sparks@kyret.com to discuss any payment concerns.