

# REGISTRATION FORM

A registration form is required for each attendee. Duplicate this form as needed or register online at [www.kaco.org](http://www.kaco.org).

\_\_\_\_\_  
Attendee Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
County/Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Spouse (if attending)

Spouse will participate in the Spouse Program on Thursday, October 27<sup>th</sup> at 1:00 p.m.  Yes  No

**Make check payable to:**  
2011 KACo Conference

**Return completed form to:**  
2011 KACo Conference  
Attn: Kris Dunn  
400 Englewood Drive  
Frankfort, KY 40601  
Fax: 502-875-8240

## Cancellation Policy

KACo will authorize a full refund to conference attendees two weeks prior to the scheduled conference. Absolutely no refunds will be issued after that time.

Registration fee includes all meals and entry to all functions.

<p><b>ADVANCE REGISTRATION</b> (Postmarked by October 14, 2011 )</p> <p><input type="checkbox"/> \$250 Member Registration (includes spouse)</p> <p><input type="checkbox"/> \$265 Non-Member Registration</p>
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<p><b>LATE REGISTRATION</b> (Postmarked after October 14, 2011)</p> <p><input type="checkbox"/> \$265 Member Registration (includes spouse)</p> <p><input type="checkbox"/> \$280 Non-Member Registration</p>
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## PAYMENT METHOD

Check Enclosed  Invoice Fiscal Court

Invoice me at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mastercard  Visa  American Express

Cardholder Name:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_

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**37<sup>th</sup> Annual KACo Conference & Exposition • October 26 – 28, 2011**  
**Galt House Hotel • Louisville, KY**