



# 2010 SPRING TRAINING REGISTRATION

Hilton Lexington Downtown, Lexington, Kentucky

FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Fax or Mail to: Fax (502) 425-3431 • KAHCF • 9403 Mill Brook Road • Louisville, KY 40223

REGISTRATION FEES	ON or BEFORE March 29	AFTER March 29	
<b>KAHCF MEMBERS*</b>			
Individual Rate (1 person only)	\$275	\$375	\$ _____
Group Rate (up to 5 people from same facility)	\$475	\$575	\$ _____
After 5th registrant each additional (from same facility)	\$ 95/each	\$145/each	\$ _____
<b>NON MEMBERS</b>			
Individual Rate (1 person only)	\$475	\$575	\$ _____
Group Rate (up to 5 people from same facility)	\$650	\$750	\$ _____
After 5th registrant each additional (from same facility)	\$115/each	\$175/each	\$ _____
		<b>TOTAL NUMBER OF ATTENDEES</b>	_____

\*Members include: Facilities, PC Homes, Corporate Offices, Gold, Silver, Platinum, Associate, and Personal Members

Number of Chairman's Breakfast Tickets \_\_\_\_\_ \$ \_\_\_\_\_

\$20/per person if purchased ON or BEFORE April 16th

\$30/per person if purchased ON-SITE

**Total Registration Fee and Breakfast Tickets \$ \_\_\_\_\_**

MAIL PAYMENT TO – KAHCF, Dept. 52200, P.O. Box 950174, Louisville, KY 40295-0174

MAIL REGISTRATION FORM TO – KAHCF, 9403 Mill Brook Road, Louisville, KY 40223

If you would like to make payment by credit card, please complete the following:

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## HOTEL INFORMATION

If you require overnight accommodations, contact the **Hilton Lexington Downtown 369 W. Vine Street, Lexington, KY 40507** at 877-539-1648. Request a room in the block listed as *KAHCF-Spring Training 2010* to receive the special rate of \$105 (Single/Double) plus tax.

**Register on or before April 3rd to receive special KAHCF room rate**

## Attendee Information

Register before March 29th to save \$100.

Please PRINT Legibly

Name \_\_\_\_\_  
*as it should appear on name badge*

Title \_\_\_\_\_  
*as it should appear on name badge*

Email \_\_\_\_\_

Circle the seminars you will attend

Day ONE - 1 2 3 4 5 6 7 8 9  
10 11 12 13

Day TWO - 14

Will you serve as a monitor for the session(s) you have chosen?  Yes  No

Name \_\_\_\_\_  
*as it should appear on name badge*

Title \_\_\_\_\_  
*as it should appear on name badge*

Email \_\_\_\_\_

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Day ONE - 1 2 3 4 5 6 7 8 9  
10 11 12 13

Day TWO - 14

Will you serve as a monitor for the session(s) you have chosen?  Yes  No

Name \_\_\_\_\_  
*as it should appear on name badge*

Title \_\_\_\_\_  
*as it should appear on name badge*

Email \_\_\_\_\_

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Day ONE - 1 2 3 4 5 6 7 8 9  
10 11 12 13

Day TWO - 14

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### KAHCF CANCELLATION POLICY

Cancellations received seven (7) workdays prior to the seminar date will receive a full refund. Cancellations received inside of seven (7) workdays will receive one-half refund. Participants who do not attend will not receive a refund unless prior written notice is given to the KAHCF office. **All cancellations must be made in writing and may be emailed or faxed to the association office. Phone cancellations will not be accepted.**

**PAYMENT AND COLLECTION POLICY:** Members shall pay for conventions or seminars in advance. All registrations must be accompanied by complete payment or a "purchase order." Registrations received without payment will not be processed until above conditions are met. If "purchase order" is used, full payment must be received seven (7) days prior to seminar or convention. Any payment not received prior to the event shall be billed at the non-member rate. All registrations received without payment or "purchase order" will be invoiced at time registration is received.

If membership dues or any invoices are 90 days in arrears, registration fee for seminar or convention will be charged at the non-member rate unless payment is made in full seven (7) days prior to seminar or convention.