EDUCATION REGISTRATION

Duplicate form for multiple registrations

Social Work Practice in Long Term Care
Part 2 – Advanced Training Course
September 10-11 2009

KAHCF Training Center

Name _____ Position _____

Facility _____

Address _____

City _____ State _____ Zip _____

Fax _____ Email _____

Registration Fee **$220 KAHCF Member** **$305 Prospective Member**

Payment Method

☐ Check Enclosed ☐ Credit Card (enter information below)

Cardholder's Name _____ Visa _____ MC _____

Credit Card Number _____ Expiration Date _____

Credit Cardholder Address _____

Cardholder Signature _____

Cancellation Policy

- Cancellations must be made in writing and may be faxed or mailed to KAHCF.
- Cancellations by phone will not be accepted.
- Cancellations received no later than September 2nd will receive a full refund.
- Cancellations received between September 3rd and September 9th will receive a refund of 1/2.

Registrants who do not attend or who do not complete the full seminar will not receive a refund unless prior written notice is given to the KAHCF office.

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 the 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 the seminar or convention.

Fax or mail completed registration form and payment by September 2nd to:

KAHCF
9403 Mill Brook Road
Louisville KY 40223
Fax: (502) 425-3431