



**EDUCATION REGISTRATION**  
Duplicate form for multiple registrations

**RAI/MDS Basic Training**

**August 19-20, 2009**

KAHCF Training Center

Name \_\_\_\_\_ Position \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Registration Fee**

**\$280 KAHCF Member**

**\$380 Non 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 \_\_\_\_\_

**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 August 11th to:**

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