

# EDUCATION REGISTRATION

Duplicate form for multiple registrations

## Basic Social Services Training

May 25-26, 2010

KAHCF Training Center

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

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Registration Fee**                      **\$220 KAHCF Member**                      **\$320 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 May 17th will receive a full refund.
  - Cancellations received between May 18th and May 24th 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 May 17th to:**

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