

EDUCATION REGISTRATION

Duplicate form for multiple registrations

Infection Control in LTC & F 441

Tuesday, March 2, 2010
Griffin Gate Marriott Resort, Lexington, KY

Name _____ Position _____

Facility _____

Address _____

City _____ State _____ Zip _____

Fax _____ Email _____

Registration Fee

\$110 KAHCF Member

\$210 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 February 22nd to:

KAHCF

9403 Mill Brook Road • Louisville KY 40223

Fax: (502) 425-3431