

73rd Annual Kansas Public Health Association Conference

September 20 & 21, 2016

Please print or type clearly.

Name _____
Home Address _____ City _____ State _____
Home Phone _____ Business Phone _____
Badge Name _____ Email Address _____
Organization/County Health Dept. _____
Business/Billing Address _____
City _____ State _____ KS ZIP _____
License # _____ License Type _____

Please check all that apply.

<input type="checkbox"/> Full conference fee for current KPHA members	\$225 (\$250 after 9/02, \$295 at door)	\$ _____
<input type="checkbox"/> Full conference fee for non-members of KPHA	\$325 (\$360 after 9/02, \$395 at door)	\$ _____
<input type="checkbox"/> One Day–KPHA Student Member Registration	\$50	\$ _____
<input type="checkbox"/> Two Days–KPHA Student Member Registration	\$50	\$ _____
<input type="checkbox"/> Take Off to Health 5K Walk/Run Registration	\$25	\$ _____

**One or two day conference registration is an option for KPHA student members only. To join as a student, visit <http://kpha.us/application>.*

I require vegetarian meals.
 I have special dietary needs: _____

TOTAL AMOUNT ENCLOSED OR NOTED ON PURCHASE ORDER: \$ _____

Payment method: Check Purchase Order Visa MasterCard
 MEX Discover

CC# _____ Security Code _____ Exp. Date _____

Name as printed on the card _____
Signature _____

Please return this form along with payment information or purchase order to:

Office for Workforce, Professional and Community Education

Wichita State University

1845 Fairmount, Room 1000 Box 136

Wichita, KS 67260-1336

Fax: (316) 978-3064

For questions regarding your registration, please call (316) 978-6493 or e-mail

conference.office@wichita.edu

