

































# 73<sup>rd</sup> 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 101 Box 136

Wichita, KS 67260-4136

Fax: (316) 978-3064

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

[conference.office@wichita.edu](mailto:conference.office@wichita.edu)

