

# EXHIBITOR REGISTRATION

## KPCA 2010 Spring Conference

Technician's Recertification Training - Categories 7a & 7e  
March 4-5, 2010

Holiday Manor Motel - McPherson, KS - Phone 620-241-5343

Ask for KPCA Conference rate for sleeping rooms

### Exhibitor Information

COMPANY \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PERSON Address, if different from Company Address above  
\_\_\_\_\_

Please Make Name Badges for:  
\_\_\_\_\_

### REGISTRATION FEES

Register Early - before February 15, 2010 - and Save \$\$

\_\_\_ Regular Registration (per table)                      **\$350.00**                      \$ \_\_\_\_\_

\_\_\_ Early Bird Registration (per table)                      **\$300.00**                      \$ \_\_\_\_\_  
(Early Bird Discount applies only if Registration is received by 02/16/09)

\_\_\_ Additional Employees/Associates                      **\$50.00**                      ea.                      \$ \_\_\_\_\_  
(Includes all meals and breaks)

\_\_\_ Texas Hold 'em players @                      **\$25.00**                      ea.                      \$ \_\_\_\_\_

**TOTAL REGISTRATION FEES**                      \$ \_\_\_\_\_

Pay by Credit Card: [ ] American Express    [ ] Discover                      [ ] MasterCard                      [ ] VISA

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Name of Card \_\_\_\_\_  
(Name of person or entity that pays the credit card bill)

Billing Address for Card: \_\_\_\_\_  
(Your Address that credit card company uses to send your bill)

Please send Registration form and payments to:  
KANSAS PEST CONTROL ASSOCIATION - 2828 SW Arrowhead, PMB 126, Topeka, Kansas 66614  
Or FAX Registration with credit card payment info to 785-273-9200