

EXHIBITOR REGISTRATION

KPCA 2010 Summer Conference Technician's Recertification Training - Categories 7a & 7e and 7a & 7b

July 29-30, 2010

Clarion Inn – Garden City, KS – Phone 785-275-7471

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 July 12, 2010 - and Save \$\$

___ Regular Registration (per table) **\$100.00** \$ _____

___ Early Bird Registration (per table) **\$50.00** \$ _____
(Early Bird Discount applies only if Registration is received by 7/12/10)

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

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