



REGISTRATION FORM

Please print or type. (Register one delegate and spouse/guest per form. Duplicate form as needed.)

Mr. Mrs. Ms. Full Name

Title

City/Agency

Address

City/State/Zip

Email (Required)

Phone

Fax

Spouse/Guest

Relation

Emergency Contact (non-member)

Emergency Contact Phone

Online registration available at www.klc.org.

Workshop Title

Date

Fee

Location

Workshop Title

Date

Fee

Location

Reminders

- Cancellation Policy: refunds can be made if notification is sent in writing, two business days before the program, by either fax or email. Registration can be transferred to another person or used for future training.
• Confirmation will be sent by email.
• Directions are available at www.klc.org.
• Check-in begins 30 minutes prior to workshop.
• Meeting room climates vary, so wear layered clothing to ensure your personal comfort.

Payment Method:

Check Visa MasterCard Invoice

Cardholder Name

Account Number

Expiration Date

Cardholder Signature

Invoice Options: (Billing information if different from above.)

Invoice To

Address

City/State/Zip

Please check box if you wish to enroll in: Public Officials Essential Skills Institute (POESI) Program

Please make your check payable to Kentucky League of Cities and mail with registration to: Kentucky League of Cities c/o Rebecca Morton 100 East Vine Street, Suite 800 Lexington, KY 40507-3700 or fax: 859-977-3703

For questions about the training, please contact Rebecca Morton at 1-800-876-4552 or email rmorton@klc.org.