

2014 KMESHA CONFERENCE Registration Form

March 4 - 7, 2014



Register online at klcis.org

Please print your name as you would like it to appear on your name tag.	
Name	Title
City/Agency	
Address	
City	State/Zip
Phone	Fax
Preferred Email (required to receive confirmation)	
Special Dietary Needs	

PAYMENT OPTIONS

Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	Check (please enclose) <input type="checkbox"/>	Invoice <input type="checkbox"/>
Card Number			
Cardholder Name			
Cardholder Signature			
Invoice Option (Billing information if different from above.)			
Invoice To			
Address		City/State/Zip	
Authorization Signature			

REGISTRATION FEES

Advance Registration Fees Deadline - February 15, 2014

- | | |
|--|-------|
| <input type="checkbox"/> Preconference Workshop (Insurance Member) | \$100 |
| <input type="checkbox"/> Preconference Workshop (Nonmember) | \$150 |
| <input type="checkbox"/> Insurance Member Registration | \$200 |
| <input type="checkbox"/> Nonmember Registration | \$250 |
| <input type="checkbox"/> One Day - Member | \$100 |
| <input type="checkbox"/> One Day - Nonmember | \$150 |

Registration Fees After February 15, 2014

- | | |
|--|-------|
| <input type="checkbox"/> Preconference Workshop (Insurance Member) | \$125 |
| <input type="checkbox"/> Preconference Workshop (Nonmember) | \$175 |
| <input type="checkbox"/> Insurance Member Registration | \$225 |
| <input type="checkbox"/> Nonmember Registration | \$275 |
| <input type="checkbox"/> One Day - Member | \$125 |
| <input type="checkbox"/> One Day - Nonmember | \$175 |

Member rates denote participation in the KLC Insurance Services program. Please make checks payable to the Kentucky League of Cities.

Cancellation and Refund Policy

All cancellations must be made in writing.

Refund Schedule and Percentage

- Received on or before 12/31/13 - refunded 75%
- Received from 1/1/14 - 2/25/14 - refunded 50%
- After 2/25/14 - No refunds

Registration Substitutions/Replacements

- KLC must receive any substitution/replacement by fax, email or mail to Lynda Schwendeman at the address below.

Send completed form to:
Kentucky League of Cities
Attn: Lynda Schwendeman
100 East Vine Street, Suite 800
Lexington, KY 40507
859.977.3725; Fax 859.977.3703
Email lschwendeman@klc.org

HOTEL INFORMATION

Sleep Inn: \$70 per night

801 Mammoth Cave Street
Cave City, KY 42127
270.773.2030

Comfort Inn: \$70 per night

819 Sanders Street
Cave City, KY 42127
270.773.3335

klcis.org

