## REGISTRATION

## **KAAA ANNUAL CONVENTION & RE-CERTIFICATION**

OCTOBER 23-25, 2023 Drury Inn Broadview, Wichita, Kan.

All lines required to be filled out for complete registration

NAME			PHONE:		
please print clearly, as it wil	ll appear on name tag)				
COMPANY					
FULL ADDRESS					
EMAIL					
SPOUSE NAME					
Other attendees requiri	ng name tags (additional o	or if different from ab	oove):		
Registrations:	Postmarked	Postmarked	Number	TOTAL	
includes all meals)	By Oct. 2	After Oct. 2	Attending	FEES	
Member	\$300.00 Each	\$400 Each X		\$	
PAASS	\$125.00	\$125		\$	
(To receive member 1	rate, submit 2024 member	·	form.)	<u> </u>	
WKAAA	\$125.00 Each	\$170.00 Each		\$ \$	
Non-Member	\$500.00 Each	\$550.00 Each		\$	
	NO REF are encouraged to attend our association by suppo		on of our annua		
MAKE CHECKS PAY	ABLE TO: KAAA (Plea	se submit separate cl	neck for member	ship dues)	
CREDIT CARD: 🗆 N	Mastercard  VISA	☐ American Express ☐ Other			
CARDHOLDER NAM	IE:			EXP. DATE:	
	t:				
	EARLY BIRD I	KEGISTKATIC	JN DKAWI	NG	
NAME					
	ration is postmarked NO l				
MUST BE PRI	ESENT TO WIN! Drawin	ng will be held during	the banquet me	al on Tuesday evening.	

PLEASE RETAIN CARBON COPY OF THIS FORM FOR YOUR RECORDS

Four (4) names will be drawn to win \$25 each