

2017 IACLEA Mid-America Regional Conference

Attendee Registration Form

Please print clearly – one form for each attendee

Registration Name: _____

Spouse or Guest Name: (for name tag) _____

Agency or Department Name: _____

Profession / Job Title: _____

Address (____ Home ____ Work): _____

Daytime Phone: _____ Fax: _____

Each paid attendee will receive a 5.11 package

Full Conference Registration Fee - \$199

- Banquet – Tuesday, April 4th 6:00 -9:00
Cost is included in registration fee I would like additional tickets at \$25 each = \$ _____
- Sunday, April 2nd Registration 3:00-6:00
- Monday, April 3rd Registration (07:30-08:30) Training (8:30-12:00 and 1:00 -5:00) Lunch Provided
- Tuesday, April 4th Training (8:30-12:00) Vendor Exhibit (2:00-6:00) Banquet immediately following Lunch Provided
- Wednesday, April 5th Training and Closing Session (8:30-12:30)

Payment Information

Credit Card Information: Visa/MasterCard/Discover

Credit Card type: _____ Credit card Number: _____

Exp Date: _____ 3 digit Code: _____

Customer Name on Credit Card: _____

Address for card: _____

Contact Greg Schneider, Diana Goldbeck, or Jason Sievers at 913-288-7236 for details.

Mailing Information

Send completed registration form and check or payment information to:

KCKCC IACLEA Regional, ATTN: Greg Schneider, Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112

Check is enclosed, payable to KCKCC IACLEA, in the amount of \$ _____

Questions? E-mail: gschneid@kckcc.edu