



August 14-15, 2024 Conference Registration Form

Registration Fees

*Please note the registration fee is per person

	KHCA Member		Non-Member	
	On or before August 2 Early Bird Special!	After August 2	On or before August 2 Early Bird Special!	After August 2
2-Day Conference	\$325	\$350	\$425	\$450
1-Day Conference	\$200	\$225	\$300	\$325

Interested in learning more about membership?
Contact Tori Raderstorf, Membership and Event Director
tori@khca.net

Agency: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Attendees

Attendee Name (1) _____ Email: _____
(Required for confirmation)

Circle Days Attending: Wed. Thurs. Fee: _____
Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 | 107 108 109 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 | 206 207

Attendee Name (2) _____ Email: _____
(Required for confirmation)

Circle Days Attending: Wed. Thurs. Fee: _____
Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 | 107 108 109 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 | 206 207

Attendee Name (3) _____ Email: _____
(Required for confirmation)

Circle Days Attending: Wed. Thurs. Fee: _____
Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 | 107 108 109 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 | 206 207

Attendee Name (4) _____ Email: _____
(Required for confirmation)

Circle Days Attending: Wed. Thurs. Fee: _____
Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 | 107 108 109 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 | 206 207

Method of Payment

Check (made payable to KHCA) Visa MasterCard AMEX

Total Amount Enclosed: _____

Card Number: _____ -- _____ -- _____ -- _____

Security Code: _____ Exp Date ____/____

Name (on card): _____

Billing Address (if different from above): _____

Auth. Sig: _____

City, State, Zip: _____



Mail completed form & payment to:
KHCA | 6320-G Rucker Road | Indianapolis, IN 46220

Or email form to: tori@khca.net