



# KACE FALL EDUCATION DAY



Tuesday, November 5, 2013 – Fort Dodge, KS

Thursday, November 14, 2013 – Derby, KS

Tuesday, November 19, 2013 – Topeka, KS

8:00 am – Registration

9:00 am – 4:00 pm – Fall Education Day (Lunch Break 12:00 – 1:15)

## Conference Registration Fee

**KACE Member** \$60 per person

**Non-member** \$75 per person

**I will be attending:** Fort Dodge, November 5 \_\_\_\_\_ Derby, November 14 \_\_\_\_\_ Topeka, November 19 \_\_\_\_\_

**Registration Policy:** Please register in advance using the form below or register online at [www.kaceks.org](http://www.kaceks.org)

Payment Method: Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_  
Please invoice facility \_\_\_\_\_

If paying by credit card, please indicate the following:

\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVS \_\_\_\_\_

\_\_\_\_\_ Credit Card Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Facility Name \_\_\_\_\_ Fac. Address \_\_\_\_\_  
(Include Address, City, State and Zip)

OR  
Personal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility or Personal Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Participant Name(s)	Title(s) & License Number(s)	Fee
_____	_____	_____
_____	_____	_____

Total Amount Enclosed \$ \_\_\_\_\_

No refunds will be given for cancellations. Substitutions are welcome.

Make check or money order payable to:

Kansas Adult Care Executives  
3601 SW 29<sup>th</sup>, Suite 202  
Topeka, KS 66614

Phone: (785) 273-4393 Fax: (785) 273-8681

Register online at [www.kaceks.org](http://www.kaceks.org) or e-mail: [kace@kaceks.org](mailto:kace@kaceks.org)