

# 2013 ATTENDEE REGISTRATION FORM

## Public & Student FREE Attendee Registration (Limited Access at Conference)

**Public Attendees** invited with **FREE ADMISSION** to Exhibit Area to meet with Providers, FREE Health Fair & Screening And Specific Breakout Sessions, Track #2, targeted for Public and Providers! (No Major Presentations, No Meals)

**Students** invited with **FREE ADMISSION** to all Breakout Sessions (No Major Presentations, No Meals)

**Please Select:**  **Public Attendee**  **Student**; University: \_\_\_\_\_

Please print your name as it should appear on your badge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone (Optional): \_\_\_\_\_

Please Choose as Many as Apply:

Senior  Caregiver  Family  Friend  Other: \_\_\_\_\_

I Plan to Attend:  Exhibits/Providers  Health Fair & Screening  Breakout Sessions for Public/Providers

Breakout Sessions I Plan to Attend: \_\_\_\_\_

## Professional, Provider, Volunteer, Student & Senior Attendee Registration Information

Please print your name as it should appear on your badge.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone (Optional): \_\_\_\_\_

Special Needs (vegetarian meals, etc.): \_\_\_\_\_

Please Choose as Many as Apply:

Sponsor  Presenter  Exhibitor  Professional  Provider  Educator/Researcher  Aging Network

Professional/Health Organization  State/Local Government  Advocate  Volunteer  Senior  Student

## Event & Hotel Attendance

Please help us plan for the correct number of seats and meals by completing this information. These events are INCLUDED in the Registration Fee for Attendees only (you can purchase Guest Tickets separately)(Contact Hotel to Make Reservations)

I plan to attend:  Wednesday Breakfast  Wednesday Luncheon  Thursday Breakfast  Thursday Luncheon

I plan on reserving (\_\_\_\_) hotel room(s) for the following nights:  Tuesday Night  Wednesday Night  Thursday Night

## Registration Fees & Extra Guest Tickets

### Registration Fees:

- \_\_\_\_\_ \$175 Full Registration (before August 14, 2013)
- \_\_\_\_\_ \$100 Full-time Student Registration
- Name of School: \_\_\_\_\_
- \_\_\_\_\_ \$150 Senior Registration (age 65+)
- \_\_\_\_\_ \$100 Wednesday, September 4, 2013 (one-day only)
- \_\_\_\_\_ \$100 Thursday, September 5, 2013 (one-day only)
- \_\_\_\_\_ \$40 Late Fee (if received after August 14, 2013)

### Extra Guest Tickets:

- Use this section to purchase tickets for GUESTS only. (These Events are included in the Registration Fee for Registrants.)
- \_\_\_\_\_ \$20 \_\_\_\_\_ Guest Ticket(s) for Wednesday Breakfast
  - \_\_\_\_\_ \$25 \_\_\_\_\_ Guest Ticket(s) for Wednesday Luncheon
  - \_\_\_\_\_ \$20 \_\_\_\_\_ Guest Ticket(s) for Thursday Breakfast
  - \_\_\_\_\_ \$25 \_\_\_\_\_ Guest Ticket(s) for Thursday Luncheon
  - \_\_\_\_\_ **Total for Extra Guest Tickets**

\_\_\_\_\_ **Total for Registration Fees**

\_\_\_\_\_ **Total for Registration Fees & Guest Tickets**

## Method of Payment

- Check, By Mail, Include this Registration Form Filled Out (Make Payable to: **Senior Support Initiatives, Inc.**)
- Check by ACH Payment (Fill Out Registration Application Online & Make Payment on Event Website: [www.kscoa.org](http://www.kscoa.org))
- Credit Card (Fill Out Registration Application Online & Make Payment on Event Website: [www.kscoa.org](http://www.kscoa.org))

**For Check By Mail, Send Completed Form & Payment to:**

**SENIOR SUPPORT INITIATIVES, INC.**, P.O. Box 4566, Topeka, KS 66604-4566, Mobile: 785-806-7806, Email: [bfaught@kscoa.org](mailto:bfaught@kscoa.org)