

**22nd Annual KAFMO/PRPS Conference Registration Form
Friday, February 16, 2018**

Name(s): _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
(please include your area code)

E-Mail: _____

Payment Information

___ **\$60.00 per person before Thursday, February 8, 2018** \$ _____

___ **After February 8, 2018 \$65.00 per person** \$ _____

___ **Student Rate is \$10.00** \$ _____

___ **# of people attending** **Total due** **\$** _____

Mail your Registration Form and Payment to:

KAFMO, Attn: Linda Kulp, 1451 Peters Mountain Rd., Dauphin, PA 17018-9504

Registration Deadline: Thursday, February 8, 2018. **No Refunds** after Friday, February 9, 2018

Make check payable to: KAFMO

Please complete this PDF fillable form and submit via email by clicking "Submit Form" on the right side of the toolbar and then print a copy of this form and mail it with a payment to KAFMO. Print a copy of this form for your records.

Credit Card Payments ___ Visa ___ Master Card ___ Discover ___ American Express

Name on Credit Card _____

Card # _____ Total Amount \$ _____

Exp. Date _____ Security Code _____ Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Send Email Confirmation to _____ Phone # _____

**If you have questions contact
Linda Kulp at: 717-497-4154 (Cell) kulp1451@gmail.com (E-Mail)**