

23rd Annual KAFMO/PRPS Conference & Sponsor Package Registration

Shady Maple Conference Center, 129 Toddy Dr., East Earl, PA 17519

Name of Representative: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Website: _____

Phone: _____ E-Mail: _____
(please include your area code)

Additional Booth Representative(s):

Name: _____ Name: _____

Name: _____ Name: _____

Table Top Exhibit Information: We wish to be a Table Top Exhibitor at the 2019 KAFMO/PRPS Conference to be held Friday, February 22, 2019. Exhibit includes: One 8' x 8' area with an unskirted table, carpeted exhibit area and one conference registration.

Check box if access to electric is needed (no charge)

2019 Sponsor Package: We wish to sponsor the 2019 Conference, Summer Field Day, & Golf Tournament.

2019 Events Sponsor Package plus LLWS Grounds Crew Associate Bundle: We wish to sponsor the 2019 Conference, Summer Field Day & Golf Tournament and be a LLWS Grounds Crew Associate.

Conference Sponsor: We wish to be a Conference Sponsor at the 2019 KAFMO/PRPS Conference to be held Friday, February 22, 2019. (Not applicable if registering for the Sponsor Package)

Vendor Gift/Raffle Prize: Will you be supplying a Raffle Prize? If so, what will the prize be?

_____ \$ _____ (Value)

Payment Information

Table Top Exhibit Space: \$200.00 \$ _____

Additional booth representative @ \$60.00 # of representatives _____ X \$60.00 \$ _____

2019 Sponsor Package: \$250.00 \$ _____

2019 Sponsor Package plus LLWS Associate Bundle: \$500 \$ _____

Conference Sponsor: \$100.00 (not applicable if registering for the 2019 Sponsor Package) \$ _____

Total due **\$** _____

Mail contract and payment to: KAFMO, Attn: Linda Kulp, 1451 Peters Mt. Rd., Dauphin, PA 17018-9504

Registration Deadline: Thursday, February 14, 2019. **No Refunds** after Friday, February 15, 2019.

Payment Options: Mail check payable to KAFMO or charge to credit card

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. If you do not receive an email confirmation, please contact Linda at kulp1451@gmail.com ASAP.

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

Card # _____ Total Amount \$ _____

Exp. Date _____ Security Code _____ Signature _____

Credit Card Billing Zip Code _____

Send Email Confirmation to _____ Phone # _____

If you have questions contact
Dan Douglas at: 610-375-8469 Ext. 212 (Work) 610-373-5868 (Fax) kafmo@aol.com (E-Mail) or
Linda Kulp at: 717-497-4154 (Cell) kulp1451@gmail.com (E-Mail)