

23rd Annual KAFMO/PRPS Conference Registration Form

Friday, February 22, 2019

“New Location”

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

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 14, 2019** \$ _____

___ **After February 14, 2019 \$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 14, 2019. **No Refunds** after Friday, February 15, 2019

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. 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

Name on Credit Card _____

Card # _____ Total Amount \$ _____

Exp. Date _____ Security Code _____ Signature _____

Credit Card Billing Zip Code _____

Send Email Confirmation to _____ Phone # _____

If you have questions contact

Linda Kulp at: 717-497-4154 (Cell) kulp1451@gmail.com (E-Mail)