| WKDA 2017 ANNUAL MEETING REGISTRATION |
| --- |
| registrant Information |
| Name: |
| Email:  | Phone: (Home/Cell): |
| Current address: |
| City: | State: | ZIP Code: |
| Employment Information |
| Current employer: |
| Employer address: |
| Phone: | E-mail: |
| City: | State: | ZIP Code: |
| PReferences |
| Email: [ ] Work [ ] Home | Mailing Address: [ ] Work [ ] Home | Phone: [ ] Work [ ] Home |
| 2017-2018 WKDA Membership Dues ($10) \_\_\_\_\_\_\_\_\_\_\_\_2017 WKDA Member Annual Meeting Registration ($100) \_\_\_\_\_\_\_\_\_\_\_\_Non WKDA Member Annual Meeting Registration ($120) \_\_\_\_\_\_\_\_\_\_\_\_Other Healthcare Prof. Reg. (lunch & poverty simulation only-$60) \_\_\_\_\_\_\_\_\_\_\_\_**Registration Deadline Sept. 15, 2017** Late Fee ($20) \_\_\_\_\_\_\_\_\_\_\_\_TOTAL= \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cancellation Policy: Per the WKDA Standing Rules, Annual Meeting Registration fee is non-refundable.**  |
| Are You interested in a leadership role with wkda?  [ ] Yes [ ] No |
| WKDA USE |
| Membership Dues Paid By: [ ] Check#\_\_\_\_\_\_\_\_Meeting Registration Paid By: [ ] Check#\_\_\_\_\_\_\_\_  |
| Membership Application Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Notes: |

\*\* Make checks payable to WKDA & mail payment & registration form to:

Kirsten Angell

PO Box 65

Gove, Kansas 67736

Postmark by **September 15, 2017** to avoid late fees