| 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