



KAHSA/KHCA
Long-Term Care Joint Workforce Summit

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Do you require a vegetarian lunch? Yes No

Fee: \$25.00

Payment Method: Check Visa Mastercard

Credit Card Information:

Credit Card No. _____ Exp. Date _____

Cardholders Name: _____ Signature _____

Check Information:

Check included with this registration? Yes No

*Please mail check and registration form to:

KAHSA
217 SE 8th Avenue
Topeka, KS 66603-3906

Fax registration to: 785-233-9471

If you have questions, please contact KAHSA at 785-233-7443.