★ REGISTRATION ★

LOCATION
Capitol Plaza Hotel
1717 SW Topeka Blvd., Topeka, KS 66612
(785) 431-7200

NOTE: Special room rates available until **Sept. 8, 2013**.

DATES
Tuesday & Wednesday, Oct. 1 & 2 ..... Two-Day Conference
Thursday, Oct. 3..... Day One – Professional Development Classes
Friday, Oct. 4..... Day Two – Professional Development Classes

ATTENDEE INFORMATION

Name: _____
Company name: _____
Company address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Email: _____
Job title: _____
Name on name tag: _____

Name: _____
Company name: _____
Company address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Email: _____
Job title: _____
Name on name tag: _____

REGISTRATION SELECTIONS:

■ Conference Plus Professional Development Class (PDC)
Note: Options selected within this category include the two-day conference, a PDC, meals, materials and functions.

___ **Early Full Registration** *(received by Sept. 16)* **– $200**
___ **Full Registration – $225**

Select one of the following PDCs:

___ 10 Hour – General Industry Safety and Health Outreach Training Program
___ 10 Hour – Construction Safety Outreach Training Program

■ Two-Day Registration (does not include a PDC)
Note: Includes meals, materials and functions.

___ **Early Two-Day Registration** *(received by Sept. 16)* – **$170**
___ **Two-Day Registration – $195**

■ Single-Day Registration (does not include a PDC)
Note: Includes a meal, materials and functions on the day selected.

___ **Tuesday – $110**
___ **Wednesday – $110**

■ Professional Development Class (PDC) Only
Note: PDC classes include materials only.

___ **Early PDC Registration** *(received by Sept. 16)* **– $45**
___ **PDC Registration – $60**

Select one of the following PDCs:

___ 10 Hour – General Industry Safety and Health Outreach Training Program
___ 10 Hour – Construction Safety Outreach Training Program

■ **Student Discounts available.**
Call Dena Ackors at (785) 296-4386, ext. 2305, to request details.

SPECIAL NEEDS:
All reasonable attempts will be made to accommodate special needs. Needs can be written below or phoned in advance to Dena Ackors at (785) 296-4386, ext. 2305.

_____

_____

To receive a reduced rate, mailed registration must be postmarked and online registration must be submitted by ***midnight Sept. 16, 2013****.*

ADDITIONAL MEALS:
Additional meals may be ordered in advance from Dena Ackors at (785) 296-4386, ext. 2305, or on site at the conference registration desk.

REFUND POLICY:
A request for refund must be made in writing and received two weeks prior to the event. Businesses must include their company's Federal Employer Identification Number. Individuals must include their Social Security number. A $25 processing fee will be deducted from all refunds.

PAYMENT SELECTION:
Payment by check, interfund or credit card only – no cash transactions will be allowed. Payment is due when registration is submitted. Make checks and money orders payable to the **Kansas Safety and Health Conference**.

Mail: Kansas Safety and Health Conference
417 SW Jackson St., Topeka, KS 66603-3327
Email: Dena.Ackors@dol.ks.gov
Fax: (785) 296-1775

➔ **REGISTRATION ALERT!** Save 10 percent when registering three or more persons at the same time. This offer is valid only if all registrations are mailed together and payment is made using one form of payment (i.e. credit card, check, etc.)

___ **Check/Money Order** (KDOL FEIN is 48-6029925).

___ **Interfund Voucher** – This selection is available to Kansas state agencies only. Payment must be made within SMART. Deduct 10 percent prior to making SMART payment if registering three or more employees at the same time. (KDOL agency number is 29600).

___ **Credit Card Payment**. You are encouraged to select online registration at ***www.dol.ks.gov/safety/events.aspx***.

If you choose to mail credit card payment, complete the following:

___ MasterCard ___ Visa
___ Discover ___ American Express (AMEX)

16-digit card number *(15-digit for American Express)*

_____

4-digit expiration date: ____ CVV: ____

Print the name of the cardholder (as shown on the card):

_____

TOTAL AMOUNT ENCLOSED: $ _____