



2017 HB 55 Training Registration Form

Presented by:



Architecture | Engineering | Interior Design

To register, complete this form and mail, fax or e-mail to:
Scott Martin, Director of Member Services
400 Englewood Drive, Frankfort, KY 40601
Phone: (800) 264-5226 (502) 223-7667 Fax: (502) 234-5085
e-mail: pamela.bollinger@kaco.org

Please type or print clearly:

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- **REGISTRATION FEE:** All day workshop - \$85.00. Please make checks payable to: **KACo Leadership Institute**
- **DISCOUNTED RATE:** \$65.00 if **payment is received with registration form** on or before the workshop date.
- You may also pay on-site at the discounted rate.
- To **CANCEL** your registration and receive a refund, you must **cancel in writing via fax or e-mail** at least seven (7) business days in advance of the workshop. Otherwise, you are still responsible for the full registration fee.
- **NO-SHOWS:**
 - Officials who prepay for workshops and DO NOT attend forfeit registration fee.
 - Officials who R.S.V.P attendance and DO NOT show will be billed \$85.00.
- If KACo must cancel a workshop, those registered will be notified in advance—to the extent possible—and fees will be refunded.
- If you have an outstanding balance from prior years, you will not be permitted to register for workshops.
- **No confirmation will be sent to you. If you would like to confirm receipt of this registration form, please call or email our office.**

Signature of City Official or Preparer: _____

*** Please Note: All workshops start at 9:00 a.m. in the time zone in which they are held.**

Planning & Zoning (8 hrs)

- ___ June 27 — Cave City Convention Center, Cave City, KY
- ___ July 18 — Morehead Conference Center, Morehead, KY
- ___ August 29 — London Community Center, London, KY
- ___ September 19 — KY Dam Village Lodge, Gilbertsville, KY
- ___ October 24 — KACo Training Room, Frankfort, KY

PAYMENT OPTIONS

Payment enclosed E-Invoice

Billing Email: _____

Bill to:

City County Other: _____

Visa MasterCard Am. Express

Acct #: _____

Exp. Date: ____/____/____

Cardholder Name (PRINT) _____

Cardholder Signature _____