

22nd Annual KAFMO/PRPS Conference & Sponsor Package Registration

Name of Representative: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Website: _____

Phone: _____ E-Mail: _____
(please include your area code)

Additional Booth Representative(s):

Name: _____ Name: _____

Name: _____ Name: _____

- Table Top Exhibit Information:** We wish to be a Table Top Exhibitor at the 2018 KAFMO/PRPS Conference to be held Friday, February 16, 2018. Exhibit includes: One 10' x 10' area with a draped table, carpeted exhibit area, and one conference registration. Electric and Internet access may be obtained directly through the Holiday Inn. Please refer to the attached form.
- 2018 Sponsor Package:** We wish to sponsor the 2018 Conference, Summer Field Day, & Golf Tournament.
- Conference Sponsor:** We wish to be a Conference Sponsor at the 2018 KAFMO/PRPS Conference to be held Friday, February 16, 2018. (Not applicable if registering for the Sponsor Package)
- Vendor Gift/Raffle Prize:** Will you be supplying a Raffle Prize? If so, what will the prize be?
_____ \$ _____ (Value)

Payment Information

- Table Top Exhibit Space \$200.00** \$ _____
- Additional booth representative @ \$60.00** # of representatives _____ X \$60.00 \$ _____
- 2018 Sponsor Package \$250.00** \$ _____
- Conference Sponsor \$100.00** (not applicable if registering for the 2018 Sponsor Package) \$ _____
- Total due** \$ _____

Mail contract and payment to: KAFMO, Attn: Linda Kulp, 1451 Peters Mt. Rd., Dauphin, PA 17018-9504
Registration Deadline: Thursday, February 8, 2018. No Refunds after Friday, February 9, 2018.

Make check payable to: KAFMO

Please complete this PDF fillable form and submit via email by clicking "Submit Form" on the right side of the toolbar and then print a copy of this form and mail it with a payment to KAFMO. Print a copy of this form for your records.

Credit Card Payments ___ Visa ___ Master Card ___ Discover ___ American Express

Card # _____ Total Amount \$ _____

Exp. Date _____ Security Code _____ Signature _____

Credit Card Billing Zip Code _____

Send Email Confirmation to _____ Phone # _____

If you have questions contact

Dan Douglas at: 610-375-8469 Ext. 212 (Work) 610-373-5868 (Fax) kafmo@aol.com (E-Mail) or
Linda Kulp at: 717-497-4154 (Cell) kulp1451@gmail.com (E-Mail)