

# IAAP 59<sup>TH</sup> KENTUCKY DIVISION ANNUAL MEETING

Holiday Inn – Georgetown, Kentucky  
June 3~5, 2011



## REGISTRATION FORM

One registrant per form – copy as needed

**Deadline: May 28, 2011**

Cancellation refunds based on availability of funds | No refunds after June 1



★★ Please complete this form in its entirety, printing legibly or typing ★★

First Name:				Last Name:				Designation/Certification			
Address:				City				ST		ZIP	
Phone:			Cell:			Email:					
Employer:											
IAAP Member?	<b>Yes or No</b>		Chapter Affiliation:								

Please check all that apply:

<b>FULL REGISTRATION</b> <i>(includes ALL events listed under SINGLE registration)</i>	<input type="checkbox"/>	<b>\$110</b>
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<b>SINGLE REGISTRATION</b> <i>(guests or partial registration)</i>		
Friday Evening Welcome & Seminar	<input type="checkbox"/>	\$31
Saturday Opening Ceremony & Business Meeting	<input type="checkbox"/>	NC
Saturday Luncheon & Seminar	<input type="checkbox"/>	\$40
Saturday Banquet & Installation Ceremony	<input type="checkbox"/>	\$45
Sunday Breakfast & Joint Board Meeting	<input type="checkbox"/>	\$24
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Late Registrations <i>(after May 28, 2011)</i>	<input type="checkbox"/>	\$10
<b>TOTAL AMOUNT DUE</b> <i>(add all items)</i>	<b>\$</b>	

<input type="checkbox"/>	Chapter Delegate
<input type="checkbox"/>	Chapter Alternate
<input type="checkbox"/>	Past KY Division President
<input type="checkbox"/>	Current KY Division Officer
<input type="checkbox"/>	Int'l Officer / Past President
<input type="checkbox"/>	Current Chapter APOTY (or equivalent)
<input type="checkbox"/>	Secretary of the Year? ____year
<input type="checkbox"/>	Wilma Yeary Award? ____year
<input type="checkbox"/>	Attending first Annual Meeting
<input type="checkbox"/>	Non-member
<input type="checkbox"/>	Guest of: _____
<input type="checkbox"/>	Special dietary: _____
<input type="checkbox"/>	Special needs: _____

### VOLUNTEER OPPORTUNITIES

\_\_\_\_ I would like to volunteer to assist with the conference. Please contact me regarding areas where I may help.

### Payment Information

*(Please select all that apply)*

- Check or money order enclosed
- PayPal – Credit Card Payment  
\$5 convenience fee is assessed for all credit card payments  
Contact Gloria Stewart CPS/CAP at [treasurer@iaap-kydivision.org](mailto:treasurer@iaap-kydivision.org) or at 270-362-1220 for details.
- Please send me an invoice.

Payable to: **KY Division IAAP**

Tax ID# 23-7165023

### Mail form & payment to:

Gloria Stewart, CPS/CAP  
c/o Vulcan Construction  
947 U.S. Highway 62  
Grand Rivers, KY 42045