KEMA
Kentucky Emergency Management Association

Association of Public-Safety Communications Officials
Kentucky Chapter
9-1-1 Emergency NENA
National Emergency Number Association

Please indicate if you are a member of :

_____**KENA** _____ **APCO** _____ **KEMA**

Registration Fees:

Conference Pass:		
Member: Before 8/21/2011	$150.00	_____
Member: After 8/21/2011	$165.00	_____
Non-Member: Before 8/21/2011	$165.00	_____
Non-Member: After 8/21/2011	$175.00	_____
Spouse/Guest: (Vendor hall, meals, Banquet)	$110.00	_____
One Day Pass:	$100.00	_____
Banquet Only:	$50.00	_____

LINK or KEMA Workshop on Tuesday w/vendor hall pass and reception (This is for persons planning to attend only the Tuesday workshops. It is included in regular conference registration for all other attendees.) $50.00 _____

Amount Enclosed: _____

Registration Information:

Registration includes conference meals for one person. Tickets will be issued.

REGISTRATIONS must be postmarked on or before August 21, 2011 to receive EARLY REGISTRATION RATES.

If you are NOT a LEPC Scholarship Attendee Register online or Make checks payable to KESC.

Mail registration form and payment to:

Chris Bowman, KESC Registration
101 S 2nd Street, Suite B
Nicholasville, KY 40356

Inquiries Only:

conference@kena-apco.org

THE HOTEL:

The Crowne Plaza-Airport
978 Phillips Ln, Louisville, KY 40209
Reservations: 1-(888) 233-9527
Website: www.cplouisville.com

CONTACT HOTEL DIRECTLY FOR RESERVATONS. Be sure to to tell them you are with this conference to receive conference rates.

Room Rates:

$103.00 plus taxes. Please present your tax-exempt certificate if applicable to avoid Kentucky sales tax. Please note this does not include the rooming tax.

Registration Form

Registration Deadline: August 31, 2011

You may photocopy this form if necessary

September 6– 9, 2011

ATTENDEE NAME: _____
(As you would like it to appear on your name tag)

_____
COMPANY OR OTHER AFFILIATION

_____
Work Mailing Address

_____
City, State & Zip

(____) _____ (_____) _____
Work Telephone **Fax Number**

_____
E-Mail Address

_____

Meals:

(To assist with Planning, please circle those you will attend.)

TUESDAY
Vendor Reception

WEDNESDAY
Breakfast Lunch

THURSDAY
Breakfast Lunch Banquet

FRIDAY
Breakfast

LINK WORKSHOP Tuesday, September 6, 2011 1-5pm
KEMA Sponsored Workshop Tuesday, September 6, 2011 1-5pm

You can register for these classes separately for $50.00 which includes entrance to Expo Hall Grand Opening and Reception with food.

**Admission included with regular conference registration **

OFFICIAL USE ONLY:

Date Received: _____ Received By: _____

Amount Received: _____ Check Number:_____