



73rd ANNUAL CONVENTION
 November 19-21, 2017 · DoubleTree by Hilton Hotel Wichita Airport

EXHIBITOR REGISTRATION FORM

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Email _____ FAX _____

Yes, please reserve a booth for my company -- \$350 \$ _____
 (Note: Convention registration **not** required)

Yes, we would like to be a convention sponsor. Gold \$1000, Silver \$750, Bronze \$500 \$ _____

Yes, we would like to purchase an ad in the printed convention program: \$ _____

- Business card size (3.5" wide by 2" long) **\$70**
 - Half-page ad (3.5" wide by 4" long) **\$100**
 - Full-page ad (3.5" wide by 8" long) **\$200**
- ** Please provide artwork by October 27 ****

Meal Tickets:

- Monday Luncheon (12:15–2:00 p.m., Salons II, III, & IV) _____ x **\$30** \$ _____
- Monday Evening Banquet (7:00 p.m., Salons I, II, III & IV) _____ x **\$40** \$ _____
- Tuesday Morning Breakfast Buffet (7:00-8:30 a.m., Salons III & IV) _____ x **\$20** \$ _____

TOTAL FEES \$ _____

To assist us in our preparation of badges, please list representatives of your company who will be attending. (Please print.)

Name(s) _____

*To pay by credit or debit card, check the box and submit this form online.
 You will receive an invoice from KACD's PayPal account. A 3.5 % fee will be added for credit/debit card payments.
 Or, please return this form with check payable to KACD to be received by October 27, 2017.
 Mail to KACD, 414 Autumn Lane, Hays, KS 67601.*