

Kentucky Library Association/Kentucky School Media Association Joint Annual Conference September 28 - October 1, 2011 - Louisville, KY

Please Print (This information will be used to prepare your badge.)
 Name _____
 Library Name _____
 City _____

Check One
 KLA Member
 Non-Member
 Type of library _____
 (i.e. Academic, Public, KSMA, etc.)

Mailing Address _____
 City _____ State ____ Zip _____ First Time Attendee
 Daytime Phone () _____
 I am a person with a disability and would like to be contacted to discuss my needs.

	KLA Members		Non-Members
Full Conference Registration	On Site		On Site
One Day (Circle Day) Thurs. Fri. Sat.	\$125.00		\$185.00
	\$95.00		\$155.00

Full Time Student - Special Rate \$10 Retiree Discount Rate \$25 Registration Fee Total: _____

Meals/Events: The following events are open to all attendees:

Thursday, September 29			
KLA Awards Luncheon	_____ @ \$35.00	=	_____
Historic Louisville Walking Tour	_____ @ \$35.00	=	_____
Friday, September 30			
Author Luncheon	_____ @ \$35.00	=	_____
Saturday, October 1			
KSMA Business Luncheon	_____ @ \$35.00	=	_____

Indicate special dietary needs: _____

KSMA Bus Tours: Friday, September 30

(May only select one)

Tour 1: Crestwood Elementary	_____ @ \$20.00	=	_____
Tour 2: Oldham County High School	_____ @ \$20.00	=	_____

Conference Registration Total: \$ _____

Register online at <http://www.klaonline.org> (We now accept Credit Cards online.)

Register online at www.klaonline.org or send Registration and check or credit card information made payable to 2011 KLA/KSMA Conference postmarked no later than September 15th to receive the advance registration discount.
 Credit Card Orders may be faxed to (502) 223-4937.

Registrations cannot be processed without payment. Make checks payable to: Kentucky Library Association

Refund policy: All refund requests must be submitted in writing by September 17, 2011, and will be assessed a \$10.00 service charge. Refunds will be mailed after the Conference.

Kentucky Library Association • 1501 Twilight Trail • Frankfort, KY 40601

Please charge \$ _____ to my Mastercard Visa Name as it appears on card: _____

Card Number: _____ Expiration Date: _____ CVV _____
(3 digit security code)

Billing address of Card Holder: _____ City, State, Zip: _____

Signature of Card Holder: _____ Email of Card Holder: _____