

# Kentucky Library Association/Kentucky Association of School Librarians Joint Annual Conference September 17-20, 2014 - 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, KASL, etc.)

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone ( ) \_\_\_\_\_

First Time Attendee

I am a person with a disability and would like to be contacted to discuss my needs.

	KLA Members	Non-Members
<b>Registration Fees</b>		
Full Conference Registration	Onsite \$145	Onsite \$215
One Day (Circle Day) Thurs. Fri. Sat.	\$120	\$180

Full Time Student - Special Rate \$10       Retiree Discount Rate \$25

**Meals/Events:** The following events are open to all attendees:  
**Thursday, September 18**

KLA Awards Luncheon	_____	@ \$35.00	=	_____
All Conference Book Club Event	_____	@ \$0	=	_____

**Friday, September 19**

Author Luncheon with Katie McGarry	_____	@ \$35.00	=	_____
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**Saturday, September 20**

KASL Business Luncheon & Keynote	_____	@ \$35.00	=	_____
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Indicate special dietary needs: \_\_\_\_\_

**Pre-Conference Events: Wednesday, September 17**

School Readiness and Public Libraries	_____	@ \$50.00	=	_____
The ABC's of Kindergarten Readiness	_____	@ \$50.00	=	_____
<b>Both Pre-Conference Events</b>	_____	@ \$75.00	=	_____

**Conference Registration Total = \$ \_\_\_\_\_**

**Preregister online at <http://www.klaonline.org> (We now accept Credit Cards online.)**  
 Register online at [www.klaonline.org](http://www.klaonline.org) or send Registration and Check or Credit Card Information made payable to 2014 KLA/KASL  
 Conference postmarked no later than September 1st to receive the Preregistration 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 7, 2014 and will be assessed a \$20.00 service charge. Refunds will be mailed after the Conference.  
**Kentucky Library Association • 1501 Twilight Trail • Frankfort, KY 40601**

Please Charge \$ \_\_\_\_\_ to my  Mastercard  Visa  American Express 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: \_\_\_\_\_