



2014 Educational Conference and Annual Meeting

Kentucky Association of Career Colleges & Schools

Thursday, August 21, 2014 6:00 p.m. - 8:00 p.m. EDT

Friday, August 22, 2014 9:00 a.m. - 4:30 p.m. EDT

Exhibitor Registration Form

Company/Organization Name: _____

Contact Name: _____ Contact Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Attendee Name: _____ Attendee Email: _____

Attendee Name: _____ Attendee Email: _____

Primary Contact Phone Number: _____ Website Address: _____

Please let us know if you have any special needs or additional attendees: _____

Basic Exhibitor Registration Includes a Table and Registration Fees for Two Attendees

Some Sponsorship Opportunities Include Additional Attendees or Automatic Registration for Thursday Event

Please Indicate Your Sponsorship Option from Attached Document: _____

Cost Enclosed for General Sponsorship: _____

Please Check Here _____ and Add \$30 for Electricity at your booth. **Electricity Added (\$30): _____**

Please Indicate Number of Additional Registrants for Friday Event and **Add \$75 Per Person: _____**

Please Note Number of Attendees for Thursday Night Event _____ and **Add \$80 Per Person: _____**

TOTAL AMOUNT ENCLOSED: _____

Visit the EVENTS page at www.kycareercolleges.org for available sponsorship opportunities.

Contact our office to reserve your selection in limited opportunity areas!

Event Location:
Sullivan University
3101 Bardstown Road
Louisville, KY 40205

*Please see attached letter for additional details!

General Registration Deadline: August 1, 2014

Submit completed form and payment to:

KACCS

P.O. Box 99367

Louisville, KY 40269-0367

For Additional Information contact us
at: 502.727.3456

candacebenschel@kycareercolleges.org

