



2015 Educational Conference and Annual Meeting

Kentucky Association of Career Colleges & Schools

Friday, August 21, 2015 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.

Please see attached Sponsorship Opportunities form for additional details.

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:** _____

TOTAL 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, 2015

Payment must be received by deadline

Submit completed form and payment to:

KACCS

P.O. Box 99367

Louisville, KY 40269-0367

For Additional Information contact us

at: 502.727.3456

candacebensel@kycareercolleges.org

