

**2022 KCA/KSCA Counseling Conference, February 24<sup>th</sup> & 25<sup>th</sup>**  
**"Reigniting Your Spark"**

Hilton Garden Inn Manhattan, KS 66044 call 785-532-9116 for reservations.

Name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number : (\_\_\_\_) \_\_\_\_\_

I am retiring this year. \_\_\_\_\_ Yes, I am retiring. \_\_\_\_\_ No, I am NOT retiring this year.

\*Current KCA or KSCA members qualify for both the conference and preconference member rate.

\*\*You may choose to join KCA or KSCA at this time and qualify for the member rate.

Please visit our website at [www.kscounseling.org](http://www.kscounseling.org) for KCA and [www.ksca1.org](http://www.ksca1.org) for KSCA for membership forms.

MEMBERSHIP TYPE IN KCA/KSCA	TWO DAY Registration	ONE DAY Registration	ONSITE Registration
KCA/KSCA Regular Member *	_____ \$180	_____ \$90	_____ \$200
KCA/KSCA Retired/Student Member	_____ \$90	_____ \$50	_____ \$110
NON-KCA and NON-KSCA	_____ \$220	_____ \$112	_____ \$240

Please list any dietary restrictions. \_\_\_\_\_

IF doing ONE DAY – Which date, will you attend? Thursday, Feb. 24<sup>th</sup> \_\_\_\_\_ Friday, Feb. 25<sup>th</sup> \_\_\_\_\_

<b>PRE-CONFERENCE KACES - ETHICS</b> Wednesday, February 23 <sup>rd</sup> 2:00-5:00 pm	<b>KCA/KSCA Member</b> _____ \$40	<b>KCA/KSCA NON-Member</b> _____ \$65
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**MARK Payment Method:**

\*Payment and/or purchase order copy must accompany this registration AND must be received by February 29, 2020, to receive the Early registration rate. **CANCELLATION POLICY** Please note that cancelled registrations will be refunded in full if notification is received by Kim Urenda no later than February 20, 2022. If you do not cancel before this date, your institution is responsible for payment, even if you do not attend. This cancellation policy reflects unrecoverable expenses such as meeting materials, food, and beverage, which are ordered for you and cannot be refunded. Registrations are transferrable: substitutions may be made at any time – Contact Kim Urenda.

<b>_____ Total</b> <b>Check</b> <b>Amount</b> <b>Enclosed</b>	<b>Purchase Order (Copy Attached) PURCHASE ORDER CONTACT:</b>	
	NAME _____	
	EMAIL _____	

Please bill my: \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ Discover for my 2020 KCA/KSCA Conference

Total Amount to be paid: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL/MAIL Registrations or questions to Kim Urenda, KCA Executive Director 10116 W. 86<sup>th</sup> Terr., Overland Park, KS 66212 or [kca.exec.director@gmail.com](mailto:kca.exec.director@gmail.com) Call 913-298-1288.**

**CHECK OUT WEBSITE TO FIND OUT LATEST UPDATES & BREAKOUT SESSIONS IN JANUARY 2022!**