



Kansas Environmental Health Association

2018 Spring Conference

April 19 and 20, 2018

The Bluemont - Manhattan, KS

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

Conference Registration

Member\$50.00 \$ _____

Non-Member\$70.00 \$ _____

2018 KEHA Membership Dues\$20.00 \$ _____
(January 1, 2018 to December 30, 2018)

Scholarship Donation\$ _____

Jo Funk Memorial Fund \$ _____

TOTAL AMOUNT DUE.....

(Money does NOT have to accompany form.)

\$

Please make sure information is complete and include one form for each person attending the conference.

Please send this registration form and/or payment to:

Beth Rowlands, KEHA Treasurer
P O Box 1969
Lawrence, KS 66044-1969
Email: beth.rowlands@ks.gov
Phone: 785-842-4600

Administrative Use Only:

Beth Rowlands, KEHA Treasurer

Date: _____

Amount: _____