



KANSAS HEALTH FOUNDATION

HEALTH SYMPOSIUM 2018
IT'S ALL ABOUT
HEALTH
STEPS TO BUILD
VIBRANT
COMMUNITIES

Early Registration must be postmarked by: May 4, 2018. Please type or print clearly. Space is limited and is available on a first come first serve basis.

Name: _____

Organization: _____

Position: _____

Business/or Billing Address: _____

City: _____ State: _____ Zip _____ Phone: _____

Badge Name _____ E-mail address: _____

How did you hear about the symposium? _____

Please share your twitter handle: _____

Are you willing to help promote the conference on social media and through your networks? Yes No

Please check one:

Early Bird Full Conference Registration (must be received by May 4) \$100.00 \$ _____

Regular Full Conference Registration \$150.00 \$ _____

Meals:

I require vegetarian meals

Please indicate if you have any medical or religious dietary requirements: _____

TOTAL AMOUNT ENCLOSED OR NOTED ON PURCHASE ORDER \$ _____

Payment method: Check Purchase Order Visa MasterCard American Express Discover

CC#: _____ Security Code: _____ Expiration Date: _____

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Please return this form along with payment information or purchase order to:

Office of University Conferences, Wichita State University

1845 Fairmount, Campus Box 136, Wichita, Kansas 67260-0136 or fax to: (316) 978-3064

For questions regarding your registration, please contact Teruko Mitchell at (316) 978-6493; or e-mail:

conference.office@wichita.edu