



NAIFA
KANSAS

**ANNUAL MEETING &
HALL OF FAME DINNER**

**April 24, 2018
Hilton Garden Inn
Manhattan, Kansas**

NAIFA KANSAS

55th ANNUAL MEETING & HALL OF FAME

TUESDAY, APRIL 24

HILTON GARDEN INN
410 SOUTH 3RD STREET
MANHATTAN, KS 66502

4:30 p.m. Registration

5:00-5:30 p.m. Past President Meeting

5:30-6:30 p.m. IFAPAC Reception & Annual Meeting

6:30-7:00 p.m. NAIFA Annual Meeting

7:00-9:00 p.m. Dinner

Association of the Year Award and Hall of Fame Presentation

REGISTRATION

Registrations is \$75 per person.

To register online, go to www.naifakansas.org

Completed forms and registrations should be received by Tuesday, April 17.

Registration is separate for the Hall of Fame and Personal Financial Professionals Summit (formerly IFACE). To participate in both, you will need to register for both.

CANCELLATION POLICY

A full refund of the NAIFA Dinner registration fee will be issued on cancellations on or before April 19. After April 19, no refunds will be issued.

HOTEL ACCOMMODATIONS

Rooms are available at the Hilton Garden Inn in the NAIFA Kansas room block at a rate of \$109 for Tuesday, April 24. To make a reservation, please call 785.532.9116. The deadline to make reservations is Monday, **April 2**.

CONTINUING EDUCATION PERSONAL FINANCIAL PROFESSIONALS SUMMIT (FORMERLY IFACE)

Continuing education for this year's annual meeting will be done in conjunction with the Kansas State University Foundation's 14th Annual Personal Financial Professionals Summit (formerly IFACE) being held:

APRIL 24 - 8:00 a.m. - 5:00 p.m.

APRIL 25 - 8:15 a.m. - 2:30 p.m.

**HILTON GARDEN INN
410 SOUTH 3RD STREET
MANHATTAN, KS**

**REGISTRATION FEE: \$230 BEFORE 3/30/18
\$260 AFTER 3/30/18**

REGISTRATION DEADLINE: 4/18/18

You must register directly through Personal Financial Professionals Summit to participate in the continuing education by [clicking here](#) to visit their website.

Please direct any specific questions regarding PFP Summit to 785.532.7578.

**NAIFA KANSAS ANNUAL MEETING AND
HALL OF FAME DINNER REGISTRATION**

Full Name _____

Spouse/Guest _____

Company _____

Email _____

Phone _____

Local Association _____

REGISTRATION

\$75 Per Person _____ Number Attending

PAYMENT INFORMATION

Total Due \$ _____

Check (Payable to NAIFA Kansas)

Visa MasterCard

Card Number: _____

Exp: _____

Signature: _____

**RETURN COMPLETED FORM AND PAYMENT
BY APRIL 17
TO NAIFA KANSAS**

825 S. Kansas Avenue, Suite 500

Topeka, KS 66612-1253

Phone: 785.354.7770

fax: 785.233.2206

Registration online at www.naifakansas.org