

**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](http://www.naifakansas.org)