



FOAM MECHANIC TRAINING

TRAINING DATE: _____

FULL NAME: _____ FIRST NAME FOR BADGE: _____

EMAIL: _____ IBO NUMBER: _____

CITY: _____ STATE: _____

CELL PHONE #: _____ SPONSOR: _____

CHOOSE A TRAINING FEE	Early Registration	Regular Registration
<i>** A \$5.00 processing fee will be added to your registration**</i>		
<input type="checkbox"/> Foam with Lodging	\$400	\$450
<input type="checkbox"/> Foam with-out Lodging	\$250	\$300
<input type="checkbox"/> Spouse/Guest with Lodging	\$400	\$450
<input type="checkbox"/> Spouse/Guest with-out Lodging	\$250	\$300 (if local or sharing a room)
Guest or Spouse Name: _____		

LODGING

Hotel arrival date: _____ Hotel departure date: _____ King Bed Two Beds

Roommate: _____

PAYMENT OPTIONS:

Check Enclosed (if mailing only)

PAC Name: _____ PAC # _____

Credit Card/E-Acct

Name on Credit Card: _____ Credit Card Billing Address: _____

City/State: _____ Zip Code: _____

Card Number: _____ Exp _____

Mail to: Conklin Meetings Department 3951 NE Kimball Drive Kansas City, MO 64161 or Fax to 952-224-5105