



16th Annual Professional Development Conference
of the
American Academy of Certified Public Managers

June 20-23, 2004 (Conference) June 23, 2004 (House of Delegates)
Capitol Plaza Hotel ❖ 1717 SW Topeka Blvd ❖ Topeka, KS 66612 ❖ 785-431-7200

Registration Form

Register on-line at www.cpmacademy.org

Attendee Information (Please type or print legibly. Photocopy as needed.)

First Name: _____ Last Name: _____

Name on Badge (if preferred is different): _____

Job Title: _____ Employer: _____ Career Field: _____

Business Mailing Address: _____ Daytime Telephone: (____) _____

City: _____ State: _____ Zip Code: _____ Fax: (____) _____

Home Mailing Address: _____ Business E-mail: _____

City: _____ State: _____ Zip Code: _____ Special Needs:

Number of Guests: _____ Name on Badge (For adult guest only): _____

Number of Guest Tickets for each event (FYI - 1 guest ticket for each event = \$110):
 Sunday Night Reception _____ x \$30 per guest Country Hoe Down _____ x \$30 per guest Awards Banquet _____ x \$50 per guest

Check all that apply

- AACPM Member Delegate 1st Time Attendee Consortium Member Society Officer: State National

AACPM 2004 National Conference Registration - Check as appropriate

Full Registration Package

Includes Reception, Seminars, Lunches, Continental Breakfasts and Banquet

- \$300 if postmarked on or before 04/20/2004
 \$350 if postmarked after 04/20/2004
 \$250 (for Kansas CPM members) if postmarked on or before 04/20/2004
 \$300 (for Kansas CPM members) if postmarked after 04/20/2004

Yellow Brick Road Trip to Kansas City (Wednesday evening; includes box dinner)

- \$30 per person - conference participant and each guest

One Day Packages

Incl Seminar, Continental Breakfast, Lunch and evening activity

- Monday \$125
 Tuesday \$125
 Wednesday (morning only - no lunch) \$75

House of Delegate Meeting

Includes Half-day Meeting and Break

- Yes, I will attend \$40

Total Fees

Total Amount for all fees (Conference, House of Delegates, Guest Tickets, Wednesday Bus Trip).....\$ _____

Make check or voucher payable to: KSCPM - 2004 Conference
FEIN 20-0064823

Mail registration and payment to: KSCPM 2004 Conference
715 SW 10th
Topeka, KS 66612

Registration must be accompanied by check or authorized purchase order.
Requisitions not accepted.

Cancellation Policy: Cancellations must be received by June 1, 2004. Registrations made and not cancelled by June 1, 2004 will be billed. Substitutions are allowed; written notice for substitutions required via e-mail or letter no later than June 10, 2004.

Internal Use Only Amt Rcvd: \$ _____ Amt Due: \$ _____ Date Rcvd: _____ Rcvd By: _____
 Purchase Order Personal Check Organizational Check
 Confirmation sent P.O. Number _____ Check Number _____