



# CONVENTION REGISTRATION

Make your check payable to: **KLTA**

Mail to: **KLTA Convention  
7321 N.W. Rochester Rd.  
Topeka, KS 66617**

For information please email Shawn Herrick at [Exec-sec@klta.org](mailto:Exec-sec@klta.org)

You can also register online at [www.klta.org](http://www.klta.org)

NOTE: All registrations should be submitted by 7/16/2018.  
NO refunds or credit will be given after 7/16/2018.

If you have a disability, which will require special assistance, or special dietary needs, please indicate services needed.

MAKE YOUR OWN HOTEL RESERVATIONS BY contacting  
CAPITOL PLAZA HOTEL

1717 SW Topeka Boulevard, Topeka, Kansas 66612  
Phone RESERVATIONS: (800) 579-7937 OR, call the hotel directly at  
(785) 431-7200 (Mention you are part of KS Land Title Assn. or group code KLTA).

GROUP RATE: \$92 QUEEN STUDIO/NIGHT IF MADE BY JULY 2, 2018

**CONVENTION DATES ARE WEDNESDAY, AUG. 1 through SATURDAY, AUG. 4, 2018**

Your convention registration allows you to audit continuing education for no credit and no extra cost but convention registration is required

*PLEASE type/print all information,  
PLEASE use one form per primary registrant, Copy form as needed*

First time at convention

Registrant \_\_\_\_\_

Spouse/Guest \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

POSTMARKED:	By July 16	AFTER July 16	
Registrant	\$195	\$225	\$ _____
Registrant/Spouse/Guest	\$195	\$225	\$ _____

### LIST NAMES for Tickets Purchased

\_\_\_\_\_ EXTRA tickets for Thursday Ice Breaker@ \$45 \$ \_\_\_\_\_

\_\_\_\_\_ EXTRA tickets for Friday evening Banquet@ \$65 \$ \_\_\_\_\_

Names: \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

### YES, I plan to attend the following: (please check)

- \_\_\_\_\_ Thursday Ice Breaker- Evil Knieval Museum
- \_\_\_\_\_ Friday evening Banquet
- \_\_\_\_\_ Saturday 10 a.m. – Independent Agent’s Section Meeting

### Payment

Payment Enclosed  Charge to Credit Card:  Visa  MasterCard

Credit Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder \_\_\_\_\_