

KAHTEA Annual Conference Registration Form

Register On-line at <http://kahtea.org/events/conference-registration>, send electronic copy to conference@kahtea.org, send fax to (702)895-4872 attn:Yen-Soon Kim, or mail to KAHTEA attn:Yen-Soon Kim, 35 Trailside Court, Henderson, Nevada, 89012
Tel (702)335-0530 Fax(702)895-4872

Attendee Information

| | | | |
|------------------------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Middle Name | Last Name | First Name you prefer on your badge |
| <input type="text"/> | | | |
| Name of University or Organization | | | |
| <input type="text"/> | | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Mailing Address | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State or Province | Postal Code | Country |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Email | | Phone/Cell | Fax |

Special Needs (Please indicate if you need any special accommodation)

Request Vegetarian Meals

Others :

Conference Registration Rates (Please check price you are paying)

| | Conference Rate | |
|----------------------|---|---|
| | Pre-Register | On-site Registration |
| Full registration | <input type="checkbox"/> \$ 335 (Faculty/Industry) <input type="checkbox"/> \$ 160 (Student) | <input type="checkbox"/> \$ 365 (Faculty/Industry) <input type="checkbox"/> \$ 200 (Student) |
| Total payment amount | Total Amount \$ <input style="width: 150px;" type="text"/> | |

Refunds/Cancellation: A refund of 50% of the registration fee will be given in the event of cancellation. Notification must be received by March 28, 2014. Refunds after this date are not possible.

Method of Payment: Please print legibly

| | | |
|---|--|---|
| <input type="checkbox"/> Check (Payable to KAHTEA) | Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express <input type="checkbox"/> Discover | Total Amount Paid \$ <input style="width: 150px;" type="text"/> |
| Credit Card Number | Expiration Date | |
| <input style="width: 350px;" type="text"/> | <input style="width: 350px;" type="text"/> | |
| CCV Number (Credit Card) | Name on Card | |
| <input style="width: 100px;" type="text"/> | <input style="width: 350px;" type="text"/> | |
| Signature (Type/Print Your Name) | Date | |
| <input style="width: 350px;" type="text"/> | <input style="width: 350px;" type="text"/> | |
| Purchase Order Number (Optional) : <input style="width: 250px;" type="text"/> | | |

Your Credit Card Statement will show a charge from KAHTEA

Visit www.kahtea.org for more information about KAHTEA and conference