

2004
KY CHAPTER OF IAAO
PVA & STAFF REGISTRATION FORM

_____ **County**

(Please make additional copies and prepare a separate form for each class.)

Course: _____ Date: _____

Location: _____

Student(s): _____

Work Phone: _____ Fax: _____

Check number: _____ Check total: _____

Make checks payable to **KENTUCKY CHAPTER OF IAAO. ALL COURSES MUST BE PAID IN FULL WHEN REGISTERING.**

Cancellations must be made 30 days in advance of the course to receive a refund.

Return to: Kentucky Chapter of IAAO
Education Program
Attn: Stacey Ewalt
P.O. Box 1547
Frankfort, Kentucky 40602-1547
Phone (502)564-8350
FAX (502)564-8368

**Please check here if
previously faxed**
