

**Registration Form, KOS Fall Meeting
October 5 - 7, 2018
University of Kansas, Lawrence, KS**

I (we) plan to attend the 2018 KOS Fall Meeting

Name(s) _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Registration Fee \$20.00 x ____ = \$ _____

High school, college and graduate students are exempt from the registration fee.

Saturday Banquet \$25.00 x ____ = \$ _____

Sunday Box Lunch \$10.00 x ____ = \$ _____

Surcharge for payment received after September 27th \$10.00 x ____ = \$ _____

Total Amount Due (Checks payable to KOS) \$ _____

Number of persons in party: _____

Special needs or requests: _____

Registrations received after September 27th will have a surcharge of \$10.00 per person. Meals can not be guaranteed for registrations after the 27th!

Please mail completed registration with full payment to:

**Max Thompson
1729 E. 11th Ave.,
Winfield, KS 67156**

e-mail: maxt@cox.net

In submitting this registration form I (we) understand that KOS is not responsible or liable for any accidents or injury that might be associated with the 2018 KOS Fall meeting.

Signature(s)

Date