

2014 KCWC CONFERENCE REGISTRATION FORM

Your Information

Name: _____ **Phone:** _____
Address: _____ **Email:** _____
City: _____ **State:** _____ **Zip Code:** _____
(We do not give out your contact information, but phone and e-mail are important for communication)

Bring a friend! Receive a \$15 discount for registering a friend on this form. Your friend must register with you on this form for you to receive the discounted price.

Friend's Information

Name: _____ **Phone:** _____
Address: _____ **Email:** _____
City: _____ **State:** _____ **Zip Code:** _____

Registration Fees

Full Conference (Thursday Night – Saturday)

☐ \$210.00 (after 4/30/2014)

Your Cost:

Bring A Friend Discount (\$15 discount applied)

☐ \$195.00 (after 4/30/2014)

Your Friend's Cost:

Your Total Cost:

Make check payable to KCWC and send completed form and payment to:

Registrar, KCWC
PO Box 2719
Elizabethtown, KY 42702-2719

For more information or to register online, please visit:
www.kychristianwriters.com