

# CO-OPS 101 FOR INTERNS



*Developing Co-op Leaders. Advancing Cooperative Success.*

COOPERATIVE NAME: \_\_\_\_\_

CONTACT/BILLING NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

NAME OF ATTENDEE	COLLEGE ATTENDING	EMAIL ADDRESS	CELL PHONE #
_____	_____	_____	_____
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Will your co-op send a chaperone/sponsor with your interns? (sponsors attend at no charge) \_\_\_\_\_

If yes, please provide name(s) of chaperone/sponsor: \_\_\_\_\_

Do any of your interns require special accommodations? \_\_\_\_\_

If yes, please provide more information: \_\_\_\_\_

**PLEASE RETURN THIS FORM  
BY JUNE 20, 2018 TO:**

Jamie Boggs  
Kansas Cooperative Council  
PO Box 1747  
Hutchinson, KS 67504-1747

or by Email to: [council@kansasco-op.coop](mailto:council@kansasco-op.coop)

**KCC MEMBER RATE:** \$50 PER INTERN

NUMBER OF ATTENDEES: \_\_\_\_\_ X \$50 = \_\_\_\_\_

**METHOD OF PAYMENT:**

*(Please check one)*

PAYMENT ENCLOSED

BILL MY COMPANY

*(check payable to Kansas Cooperative Council)*

