



COOPERATIVE NAME: _____

CONTACT/BILLING NAME: _____ PHONE: _____

CONTACT EMAIL: _____

NAME OF ATTENDEE

COLLEGE ATTENDING

EMAIL ADDRESS

CELL PHONE #

CAPITOL TOUR
(optional)

NAME OF ATTENDEE	COLLEGE ATTENDING	EMAIL ADDRESS	CELL PHONE #	CAPITOL TOUR <i>(optional)</i>

Will your co-op send a chaperone/sponsor? (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 MAY 6, 2019 TO:

Jamie Boggs
 Kansas Cooperative Council
 PO Box 1747
 Hutchinson, KS 67504-1747
 or by Email to: council@kansasco-op.coop



KCC MEMBER RATE: \$65 PER INTERN
KCC NON-MEMBER RATE: \$100 PER INTERN

METHOD OF PAYMENT:
 PAYMENT ENCLOSED BILL MY COMPANY