



Kansas Arborists Association Advanced Training Workshop & 69th Annual Shade Tree Conference



January 15-17, 2025
Hilton Garden Inn, 410 S 3rd St. Manhattan, KS 66502

PLEASE INCLUDE COMPLETE ADDRESS

PLEASE PRINT or TYPE

Name: _____

If registering more than one person please clearly print-- list all names.

Business Affiliation: _____

Address: _____

Email: _____

Telephone: _____

City, State, Zip Code

#Attending

Total

Advanced Training Workshop January 15, 2025 (Postmarked by January 8, 2025)

Pre-Registration (lunch included) *(Postmarked by January 8, 2025)* _____ @ \$80.00 _____

Late Registration or Day of Workshop *(Postmarked after January 8, 2025)* _____ @ \$100.00 _____

Shade Tree Conference January 16-17, 2025

Thursday and Friday, Pre-registration, banquet not included *(Postmarked by January 8, 2025):* _____ @ \$80.00 _____

OR

Thursday ONLY (January 16) _____ @ \$45.00 _____

Friday ONLY (January 17) _____ @ \$45.00 _____

Banquet _____ @ \$35.00 _____

LATE-registration, banquet not included *(Paid after January 8, 2025):*

Thursday and Friday _____ @ \$100.00 _____

OR

Thursday ONLY (Jan. 16) _____ @ \$50.00 _____

Friday ONLY (Jan 17) _____ @ \$50.00 _____

Banquet _____ @ \$35.00 _____

Membership dues for 2025,: Please type or print name (s)

IF PAYING FOR MORE THAN ONE PERSON, LIST NAMES AND INDICATE MEMBERSHIP OR CERTIFIED

Membership Only _____ @ \$20.00 _____

Certification and Membership (only if certified) Commercial Certified-Must mail Insurance form () @ \$35.00 _____

TOTAL AMOUNT ENCLOSED *(Cash, Check or Agency Purchase Order, Credit Cards Will be accepted day of registration)*

IF PAYING BY CREDIT CARD REGISTRATION IS STILL REQUIRED (Online registration available)

“NO REFUNDS WILL BE GIVEN”

Make checks payable to: **Kansas Arborists Association**

TOTAL \$ _____

Return to: Dr. Charles Long
Kansas Arborists Association
4703 K177 Highway
Alta Vista, KS 66834

Phone: 785-499-6670
E-mail: kansasarb@centurylink.net