



2024 MOKAN Midwest Trust Conference

REGISTRATION FORM

May 15 – 17 - Sheraton Overland Park Hotel & Convention Center – 6100 College Blvd, Overland Park, KS 66211

Please TYPE or PRINT appropriate section(s) below. Deadline for printed badges is Monday, May 6th.

You may photocopy this form for additional registrants.

First Registrant

Name _____

Title _____

Bank/ Firm _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Guest Name _____

Additional Registrant

Name _____

Title _____

Bank/ Firm _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Guest Name _____

Additional Registrant

Name _____

Title _____

Bank/ Firm _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Guest Name _____

* A guest is a spouse, significant other, or friend who is not in a financial services occupation and will be attending events, meals, and receptions with you. Official name badges required for all events.

Registration Fees

(ALL REGISTRANTS WILL HAVE ACCESS TO DIGITAL APP)

First Registration\$515 # _____ \$ _____

Additional Registration\$430 # _____ \$ _____

7 or more Registrations\$410 # _____ \$ _____

Hardcopy of Conference Materials\$175 # _____ \$ _____

Guest\$180 # _____ \$ _____

Non-Sponsoring Vendor*\$1000 # _____ \$ _____

Total amount due\$ _____

*Applies to vendors who are not sponsoring an event at the conference. This is not a trade show fee.

Payment

with Check

Check enclosed, payable to MOKAN Conference Association, Inc.

Amount Due \$ _____
..... or

with Credit Card *Please type or print*

VISA
 MasterCard
 AMEX

Amount Due \$ _____

Exp. Date _____ No. _____

Print Name _____

Signature _____

(I agree to pay the above total amount)

Cancellation Deadlines

A full refund will be made for cancellations received on or before Wednesday, April 24th. An administrative fee of \$70 per canceled registration will be retained after Wednesday, May 1st. Cancellations will not be accepted after Monday, May 6th, and no refunds will be given.

Substitutions are always permitted with advance notice.

Advance conference financial commitments necessitate this policy.

Please return this form with payment to:

ATTN: LeAnn Mott
 Kansas Bankers Association
 P.O. Box 4407
 Topeka, KS 66604

lmott@ksbankers.com
 Phone: 785-232-3444
 FAX: 785-272-8392