

# Kansas Adult Care Executives to sponsor a CPR Certification Opportunity



- April 4, 2014 (2 half-day courses to choose from)
- Location—Marriott Hotel, Wichita, KS
- \$65 member and non-member fee (so send your staff)
- Class size is limited to 50 participants per session so sign-up quickly!

Come join KACE in helping you get your staff certified in CPR/Automatic External Defibrillator (AED). Class size is limited to 50 participants per session so sign-up your staff quickly! We will do a morning class 8 am— Noon and an afternoon class 1-5 pm. You can also earn Resident Care CEUs! Register online at [www.kaceks.org](http://www.kaceks.org)

Kansas Adult Care Executives

1505 SW Fairlawn Road

Suite B

Topeka, KS 66604

Phone: (785) 273-4393

Fax: (785) 273-8681

Email: [kace@kaceks.org](mailto:kace@kaceks.org)

Website: [www.kaceks.org](http://www.kaceks.org)

Location:

Marriott Hotel

9100 E. Corporate Hills Dr.

Wichita, KS 67207

(316)651-0333



**REGISTRATION FORM**  
**KACE CPR TRAINING**

**Friday, April 4, 2014**

7:30 A.M. – 8:00 A.M. – Registration

8:00 A.M. – 12:00 - Session One

1:00 P.M. – 5:00 P.M. Session Two

**Registration Fees (must be received by Wednesday, April 2, 2014)**

**KACE Members & Non-Members Fee:      \$65 per person**

**Location:    Marriott Hotel, 9100 E. Corporate Hills Dr., Wichita, KS 67207**

**Registration Policy:** Please register in advance using the form below or online at [www.kaceks.org](http://www.kaceks.org)

**Choose one:**

**Session One (8:00 a.m. to Noon)**

**Session Two (1:00 p.m. to 5:00)**

Payment Method: Visa  MasterCard  Discover Card  American Express  Check  Invoice

*If paying by credit card, please provide the following information:*

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Address, City and State)

Facility Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Facility or Personal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility or Personal Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Participant Name(s)	Title(s) & License Numbers(s)	Session <small>(One or Two)</small>	Conference Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount Enclosed \$ \_\_\_\_\_

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Phone: (785) 273-4393 Fax: (785) 273-8681  
E-mail: [kace@kaceks.org](mailto:kace@kaceks.org) or **Register online** at [www.kaceks.org](http://www.kaceks.org)

*No refunds will be given for cancellations. Substitutions are welcome.*