KANSAS STATE DEPARTMENT OF EDUCATION

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**April 18, 2020**

Reception: 4-5 p.m.

Dinner and program to follow.

Hilton Garden Inn

410 S. Third Street

Manhattan, Kansas 66502

Please return this form by **April 8, 2020**.

# Banquet Registration Form

## Contact information:

|  |  |
| --- | --- |
| Name:  |        |

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| --- |
| School District, Organization, Business, etc. |
|       |

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| --- | --- |
| Address  |       |

|  |  |
| --- | --- |
| Phone: |       |
| Email: |       |

Please list the name of each individual attending and his/her title and meal choice below.

| NAME | TITLE | MEAL CHOICE |
| --- | --- | --- |
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| Single Reservation | $50 |
| Total number of reservations: |       |
| Payment enclosed: |       |

Make checks payable to **USA Kansas**. Completed form must accompany check.

**Please mail check and form to:**

Kansas State Department of Education

Attention: CRP

900 SW. Jackson Street, Suite 102

Topeka, KS 66612-1212

## Please return this form by April 8, 2020.

|  |  |  |
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| **For more information, contact:** |  |  |
| Tamla Miller Administrative SpecialistCommunications and Recognition Programs(785) 296-4950 tmiller@ksde.org  | Logo Kansans Can | Kansas State Department of Education900 S.W. Jackson Street, Suite 102Topeka, Kansas 66612-1212 |

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