

12th Annual Kentucky Consumer Conference
March 31, 2008 to April 1, 2008
EXECUTIVE INN
978 Phillips Lane
Louisville, KY 40209

CONFERENCE AT A GLANCE
'TAPPING, WRAPPING, ZAPPING,
YOURSELF INTO THE MAGNIFICENT WORLD OF RECOVERY'

March 31, 2008
Day One

8:00 – 10:00 am	HOTEL & CONFERENCE REGISTRATION
9:30 – 10:30 am	SESSION 1
10:45 – 11:45 am	SESSION 2
12:00 – 1:30 pm	RECOGNITION BANQUET
	Keynote Speaker:
	Larry Fricks, Vice President of Peer Services for the Depression and Bi-Polar Support Alliance
1:45 – 2:45 pm	SESSION 3
3:00 – 4:00 pm	SESSION 4
4:15 – 5:30 pm	GENERAL MEETING
6:00 – 8:00 pm	AWARDS BANQUET
	<i>Surprise Guest</i>
8:30 - 11:00 pm	DANCE

APRIL 1, 2008
Day Two

7:30 am - 9:00 am	BREAKFAST BUFFET
9:15 am - 10:30 am	SESSION 5
	<i>Special Guest Speakers</i>
10:30 am - 12:00 pm	TALENT SHOW
12:00 pm	CHECK-OUT & PICK UP BAG LUNCHES

THANKS FOR COMING! HAVE A SAFE TRIP HOME...

KYCAN (502)245-5281 or 1-800-564-8034
BOOTH INFORMATION

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Louisville, KY 40209

REGISTRATION FORM

2008 ANNUAL KENTUCKY CONSUMER CONFERENCE Mar. 31- April 1
" TAPPING, WRAPPING, ZAPPING, YOURSELF INTO THE MAGNIFICENT WORLD OF RECOVERY"

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: () _____ CIRCLE ONE: MALE or FEMALE

SPECIAL ACCOMODATIONS REQUIRED: _____

CONFERENCE COSTS (PLEASE CHECK ONE):

_____ I will be attending the full conference, two in a room. KYCAN Member: \$40.00

_____ I will be attending the full conference, two in a room. Non-Member: \$50.00

_____ I will be attending Full Conference, Single Room. KYCAN Member: \$80.00

_____ I will be attending Full Conference, Single Room. Non-Member: \$90.00

_____ I will be attending Conference, One Day. KYCAN Member: \$40.00

_____ I will be attending Conference, One Day. Non-Member: \$45.00

IF APPLICABLE, PLEASE CHECK _____ SMOKING

MY ROOMATE WILL BE: _____ OR, CHECK KYCAN'S CHOICE: _____

FEE WAIVED: KYCAN BOARD MEMBERS AND PRESENTERS (CHECK ONE):

_____ KYCAN Board Member. _____ KYCAN Board Member and Spouse.

_____ PRESENTER & TITLE OF WORKSHOP: _____

CHECK ALL THAT APPLY: I will be attending: LUNCHEON _____ DINNER _____

BREAKFAST _____ TO GO SACK LUNCH _____ NEED VEGETARIAN MEAL _____

KYCAN (502) 245-5281 or 1-800-564-8034

MAIL TOTAL FEE & REGISTRATION TO:

KYCAN CONFERENCE REGISTRATION

10510 LAGRANGE RD. #103

LOUISVILLE, KY- 40223

IMPORTANT: If sending a check for more than one, you must attach a separate listing of all names paid for.