

2022 KRPS CONFERENCE FEES:



PROFESSIONALS

Full Conference	By 10/14	After 10/14	Non Member by 10/14	NM- after 10/14
Individual Registration:				
Professional	\$235	\$285	\$260	\$310
Virtual(not Live)	\$235	\$250	\$260	\$285
Retiree	\$155	\$165		
Student	\$30	\$60		
Spouse/Guest	\$155	\$155		
Daily (Members)	\$80	\$95	\$95	\$110
Daily (Retiree)	\$35	\$45		

KRPS Member Group Registration
3 or More \$220 each

KRPS Annual Membership begins Sept 1, 2022 - August 31, 2023 Please sign up through the google form on kyrps.org. Please review the prices below to calculate the total amount to be paid and list on the form.

Professional Memberships

1. Professional - \$75
2. Retired- \$40 (annual membership)
3. Retired - \$250 (lifetime membership)
4. Associate (non-voting)- \$40
5. KRPS/KATRA joint membership- \$75
6. Student Memberships- \$20

Agency Memberships

1. Small Agency (3 Members)- \$350
2. Medium Agency (10 Members)- \$625
3. Large Agency (20 Members) - \$1000
4. Additional Agency Members- \$55 each
5. Metro Agency (30 Members)- \$1400
6. Additional Metro Agency Members- \$5 each

COMMERCIAL

Commercial Memberships will renew every year during Conference Registrations. New Vendors, Non-Members, and Returning Vendors will receive a membership that will be valid through October 31st of each year. Booth Registration and Membership is valid for 2 associates.

Commercial Membership (Includes 2 Associates) - \$150 Additional Associates - \$55 each

*Booth Registration will be invoiced to all Commercial Exhibitors prior to Conference.

*If you register and do not attend conference, you will be billed for the booth space.

Commercial Exhibitor- Booth Registration Fees (Includes 2 Associates)

Booth Fees	By 10/14	After 10/14
Non Member + Booth	\$750	\$850
Renewing Membership + Booth	\$750	\$850
Extra Booth Space	\$300	\$350
Partner for Better Parks	\$200	\$200
Take a Student to Lunch	\$25	\$25



FOR OFFICE USE ONLY

Date Received _____
 Google Form _____
 RecDesk Date _____
 Date Paid _____

2022 KRPS CONFERENCE REGISTRATION FORM:

Please complete this form if you would like to register and be billed for the 2022 KRPS Conference in Corbin, KY.

*Agencies- please complete a conference registration form and a membership application for your main contact person. For all other members/full conference registrations, please complete the KRPS Member Information form. If you have Daily Attendees- please complete one Conference Registration form for every daily attendee or for professionals with individual memberships.

*KRPS Annual Membership begins Sept 1, 2022 - August 31, 2023. If you had a 2022 professional or agency membership, you will need to sign up for 2023 membership to get the discount. If you register for a "Member" rate, you will automatically be billed for a 2023 membership.

Contact Information

Prefix _____ First Name _____ Last Name _____ Suffix _____
 Organization: _____ Title _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ District: _____
 Work Phone: _____ Cell Phone: _____
 Email: _____ Website: _____
 Estimated Graduation Date (students only) ____/____/____ Birthdate ____/____/____

Special Requests/Vegetarian meals _____

Conference Registration

2023 Memberships

*Add a 2023 Membership for the discounted rate →

Full Conference	By 10/14	After 10/14	# of Attendees	Total \$	2023 Membership	# Memberships	Total \$
Professional- Members	<input type="checkbox"/> \$235	<input type="checkbox"/> \$285	_____	\$_____	<input type="checkbox"/> Professional \$75	_____	\$_____
Professional- Non Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$310	_____	\$_____	<input type="checkbox"/> KRPS/ KATRA \$75	_____	\$_____
Virtual (not Live)	<input type="checkbox"/> \$235	<input type="checkbox"/> \$250	_____	\$_____	<input type="checkbox"/> Assoc.\$40	_____	\$_____
Virtual - Non Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$285	_____	\$_____	<input type="checkbox"/> Retiree Annual \$40	_____	\$_____
Retiree	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	_____	\$_____	<input type="checkbox"/> \$250 (Lifetime)	_____	\$_____
Spouse/Guest	<input type="checkbox"/> \$155	<input type="checkbox"/> \$155	_____	\$_____			

Group Registration (3+) \$220 n/a _____ \$_____ Small-3 (\$350) Medium-10 (\$625)

*Note: Please use the KRPS Members information form below & total conference registration fees here.

Student	<input type="checkbox"/> \$30	<input type="checkbox"/> \$60	_____	\$_____	<input type="checkbox"/> Student \$20	_____	\$_____
Daily Rate Student	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	_____	\$_____	<input type="checkbox"/> Student \$10(Discount)	_____	\$_____

Daily Rate- Members	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	_____	\$_____	Day Attending	<input type="checkbox"/> Wed
Daily Rate- Non-Members	<input type="checkbox"/> \$95	<input type="checkbox"/> \$110	_____	\$_____		<input type="checkbox"/> Thursday
Daily Rate- Retiree	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	_____	\$_____		<input type="checkbox"/> Friday

*Socials are not included in a daily rate. Extras- Tuesday Evening (\$25) Wed Evening Awards (\$35) Thursday Social (\$25)
 Please complete one registration form for each daily attendee.

	#Attendees	Conference Registration	+ Membership Cost	+ Extras	Total Cost
TOTAL	_____	\$_____	+ \$_____	+ \$_____	= \$_____

PAYMENT- Full payment required for processing. Forms received without payment or authorized purchase order will be returned.

Email form to krps.conference@gmail.com or Mail Form and Payment: Attn. Terri Wilkerson 140 Pavilion Dr. Georgetown, KY 40324

Purchase order # _____ Credit Card Visa MasterCard Discover AmEx

If you chose Credit Card please complete: Person Making Payment: _____

Billing Address: _____ City/State/Zip _____

KRPS Member Registration Form

*Use this form for multiple memberships/ full conference registrations within the same agency.

Membership Year _____

**Professional= 1, Commercial= 2, Small Agency= 3, Medium Agency = 10
Large = 20, Metro = 30 (Please use two forms to complete Large/Metro registration)**

1. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Yes Daily Conference Notes/Certifications _____

2. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Yes Daily Conference Notes/Certifications _____

3. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

4. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

5. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

6. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

7. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

8. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

9. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

10. Name _____ Suffix _____ Title _____
Email _____ Cell Phone _____
2022 Full Conference Daily Conference Notes/Certifications _____

KRPS MEMBERSHIP APPLICATION

Membership Year _____

REGISTER ONLINE @ <https://kyrps.recdesk.com/>

CONTACT INFORMATION

FOR OFFICE USE: DATE RECEIVED: _____ DATE PAID: _____ RECDESK DATE: _____

Prefix _____ First Name _____ Last Name _____ Suffix _____

Organization: _____ Title _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ District: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Estimated Graduation Date (students only) ____/____/____ Birthdate ____/____/____

Notes _____

CERTIFICATIONS

Please select all that are current

- AFO CPSI
 ASLA CTRS
 CPO CYSA
 CPRP Other _____
 CPRE Please send information

INTERESTS

Please select all

- Public Recreation Planning and Design
 Therapeutic Ethnic Diversity
 Outdoor Recreation Athletics
 Commercial/Tourism Natural Areas
 Faith Based Recreation Maintenance
 Aquatics Other _____

MEMBERSHIP DUES

- Professional (Voting) \$75 # _____
 Commercial (Voting) \$150 # _____
2 included. \$55/additional
 Student (Voting) \$20 # _____
 Retired (Voting) \$40 # _____
 Associate (Non-Voting) \$40 # _____
 KATRA/KRPS (Voting) \$75 # _____
Joint membership

AGENCY DUES

Provide membership information for each member/board member on forms below

- Small Agency \$350
3 Professional, 7 Board Members
 Medium Agency \$625
10 Professional, 7 Board Members
 Large Agency \$1000
20 Professional, 7 Board Members
 Metro Agency \$1400
30 Professional, 7 Board Members
\$5 Additional Member
 Additional Professional Membership \$55 # _____
 Additional Board Members \$35 # _____

SUMMARY

Membership/Agency Dues \$ _____
Additional Memberships \$ _____
Additional Board Members \$ _____
Grand Total \$ _____

*Please total membership fees here- even if you filled out a conference registration form

OFFICE USE ONLY

MEMBERSHIP DATE OF PURCHASE _____

MEMBERSHIP YEAR (Sept. Renewal) _____ Please

email form to krps.conference@gmail.com

PAYMENT-

Full payment required for processing. Forms received without payment or authorized purchase order will be returned. Email form to krps.conference@gmail.com or Mail Form and Payment: Attn. Terri Wilkerson 140 Pavilion Dr. Georgetown, KY 40324

Purchase Order: # _____

Credit Card: Visa MasterCard Discover AmEx

If you chose Credit Card please fill out information below

Billing Address: _____

Person Making Payment: _____

Phone Number: _____

KRPS Board Member Information

Membership Year _____

Small Agency = 7, Medium Agency = 7, Large = 7, Metro = 7

1. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

2. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

3. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

4. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

5. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

6. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

7. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

8. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

9. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____

10. First Name _____ Last Name _____ Suffix _____
Title _____ Cell Phone (_____) _____
Email _____ Certifications: _____