



Kansas State Bowling Proprietors Association, Inc.

Mailing Address: Kansas State BPA, P.O. Box 4449 Topeka, KS. 66604

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Rex Haney Executive Director

RexHaneyKSBPA@cox.net

Please complete, sign, and return with payment by June 15th to:

Kansas State BPA Rex Haney P.O. Box 4449, Topeka, KS 66604

Rex Haney Phone: 785-224-9300 • E-Mail: RexHaneyKSBPA@cox.net Web: bowlkansas.com

COMPANY NAME: _____

Date: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Web Site: _____

E-Mail: _____

Describe Products/Services: _____

EXHIBIT STAFF NAME BADGES:

1. _____

2. _____

Chateau on the Lake is offering rooms at a rate of \$159 +\$12.50 resort fee + tax. Ask for the Special Kansas State KSBPA Bowling Proprietors Rate – Phone # 417-334-1161 MAY 24TH IS GUARANTEED RESERVATION DATE. AFTER THAT IS IT WILL BE ON A AVAILABILITY BASIS.

<i>For Kansas State BPA Office Use Only</i>	
Date Recd: _____	Amount Paid: _____
Check#/Approval Code: _____	
Remaining Balance: _____	

HERE'S WHAT YOU RECEIVE

(NOTE: Exhibitor can come to all scheduled events for this meeting and Tuesday is paid with this fee.)

- INVITATION TO JOIN PROPRIETORS FOR EVENTS
- TABLETOP SPACE FOR YOUR COMPANY'S EXHIBIT
- QUALITY ONE-ON-ONE TIME WITH THE PROPRIETORS

Fill Out This Column Completely

EXHIBITOR RESERVATION

One Table Top Exhibitor Reservation @ \$395 _____
(Exhibitor with **1 TableTop** receives tabletop and Tuesday Breakfast and Lunch for 1 person.) Additional fee for more than 1 person during the TableTop Exhibition is \$85 (covers Tuesday breakfast and lunch expenses). Additional events must be paid separately. Golf & Haywood and other events have optional fees.

Fee for additional people ___ @

\$85/person \$ _____

Optional Events:

Golf on Sunday, July 24, 2023, Thousand Hills

Golf Course, Branson ___ @ \$100/person _____

Tuesday The Haygood Theatre ___ @ \$35 \$ _____

TOTAL REGISTRATION = \$ _____

EXHIBITOR PAYMENT

Check # _____

Credit Card Information:

Visa

MasterCard

Discover

Card Number: _____

Expiration Date: ____/____ 3 digit code _____

(Must have this code from back of card)

Print Exact Name on Card: _____

Billing Address if different than contact information: _____

Signature: _____