

2019 KHDA ANNUAL CONFERENCE/RETREAT

October 16-18, 2019

Dale Hollow State Resort Park

5970 State Park Road

Burkesville, Kentucky 42717

Phone: 270-433-7431

REGISTRATION FORM

Name _____ Position _____

Health Department/Agency _____

Health Department/Agency Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Registration fee for the Conference is \$125.00.

- Registration fee enclosed.
 Please bill me at the above address.
 I am faxing my form and will mail the check.

Please check the meals you plan to attend:

- Lunch, Wednesday, October 16
 Cookout Dinner, Wednesday, October 16
 Breakfast, Thursday, October 17
 Lunch, Thursday, October 17
 Awards Dinner, Thursday October 17
 Breakfast, Friday, October 18

Please note any dietary restrictions: _____

Make checks payable to: KHDA

Return to: KHDA ANNUAL CONFERENCE RETREAT

P.O. Box 4647

FRANKFORT, KY 40604-4647

Or fax to: (502) 226-5155

Room reservations can be made at <https://parks.ky.gov/parks/reservelodgecottage/>. Please select Dale Hollow Lake, Special Codes, Group Code 1903, or you may call Dale Hollow State Resort Park directly at **270-433-7431**. The room rate is \$84.95 per night. **Please mention you are with KHDA.** Rooms will be blocked until **September 13, 2019**. After that date, rooms may or may not be available. You may download this form at www.khda-ky.org. Questions? Contact Dana Nickles at dnickles.kpha@gmail.com or Jill LeMaster at jlemaster.kpha@gmail.com, or call the office at (502)875-2255 or Dana at (502)229-0464.