



Kansas Association of Health Underwriters

Registration Refund Form

Please complete this form and submit it to:

K.A.H.U.—Attention: Scott Day, 2525 NW Topeka Blvd., Topeka, KS 66617

Phone: (785) 291-0200 • Fax: (785) 291-0202 • Email: sday@dayins.net

** New member refunds are available only to individuals joining KAHU the same day they attend an eligible CDHC Certification class. Complete membership application must be received and dues paid before a refund of registration fees will be processed. Offer does not apply to “billed but not paid” members. Subject to verification of attendance and join date. Cancellation refunds are available to all other attendees if no suitable transfer location exists. No cancellation refunds will be issued after seven (7) days prior to the event. Transfers allowed up to the day of the event. *Please Print Clearly*

Name: _____

Address: _____

Phone: _____ Email: _____

For **CANCELLATION** refund please check here and mark fees that were paid

For **MEMBERSHIP** refund please check here and mark which events you attended and fees that were paid

Consumer Directed Health Care Certification Course

Location: **Savior Pastoral Center**
12601 Parallel Pkwy, Kansas City, KS 66109

Date: **September 17, 2010** Time: **8:05am—11:55am**

FEES: **KAHU/KAIA Member** \$145.00

Non-Member \$170.00

Wellness Certification Course

Location: **Savior Pastoral Center**
12601 Parallel Pkwy, Kansas City, KS 66109

Date: **September 17, 2010** Time: **1:05pm—3:00pm**

FEES: **KAHU/KAIA Member** \$70.00

Non-Member \$80.00

Refund Payment Method

KAHU CHECK made payable the name and mailed to the address listed above

CREDIT CARD Refunds Only (Circle One) Visa MasterCard

Card Number: _____ Exp: _____

Name as it appears on card: _____

Signature: _____ Date: _____