



**NAIFA**  
**KANSAS**

**ANNUAL MEETING &  
HALL OF FAME DINNER**

**April 27, 2017**  
**KSU Alumni Center**  
**Manhattan, Kansas**

# NAIFA KANSAS

## 54th ANNUAL MEETING & HALL OF FAME

THURSDAY, APRIL 27

KANSAS STATE UNIVERSITY  
ALUMNI CENTER  
1720 ALUMNI CENTER  
MANHATTAN, KS 66506

5:00-5:30 p.m. Past President Meeting

5:30-6:30 p.m. IFAPAC Reception & Annual Meeting

6:30-7:00 p.m. NAIFA Annual Meeting

7:00-9:00 p.m. Dinner

*Association of the Year Award*

*Hall of Fame Presentation*

### REGISTRATION

Registrations is \$65 per person.

To register online, go to [www.naifakansas.org](http://www.naifakansas.org)

Completed forms and registrations should be received by Wednesday, April 19.

Registration is separate for the Hall of Fame and IFACE. To participate in both, you will need to register for both.

### CANCELLATION POLICY

A full refund of the NAIFA Dinner registration fee will be issued on cancellations on or before April 19. After April 19, no refunds will be issued.

## **HOTEL ACCOMMODATIONS**

Rooms are available at the Bluemont Hotel in the NAIFA Kansas room block at a rate of \$139 for Thursday, April 27. To make a reservation, please call 785.473.7091. The deadline to make reservations is Tuesday, **March 28**.

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## **CONTINUING EDUCATION IFACE**

Continuing education for this year's annual meeting will be done in conjunction with the Kansas State University Foundation's 13th Annual Insurance & Financial Advisors Continuing Education (IFACE) Conference being held:

**APRIL 27 - 9:00 a.m. - 5:00 p.m.**

**APRIL 28 - 8:00 a.m. - 3:30 p.m.**

**BLUEMONT HOTEL  
1212 BLUEMONT AVENUE  
MANHATTAN, KS**

**REGISTRATION FEE: \$140**

**REGISTRATION DEADLINE: 4/19/17**

**You must register directly through IFACE to participate in the continuing education by visiting their website:**

<http://www.found.k-state.edu/iface/IFACE%20std%20and%20hotel.html>

Please direct any specific questions regarding IFACE to 785.532.7585.

**NAIFA KANSAS ANNUAL MEETING AND  
HALL OF FAME DINNER REGISTRATION**

Full Name \_\_\_\_\_

Spouse/Guest \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Local Association \_\_\_\_\_

**REGISTRATION**

\$65 Per Person \_\_\_\_\_ Number Attending

**PAYMENT INFORMATION**

Total Due \$ \_\_\_\_\_

Check (Payable to NAIFA Kansas)

Visa     MasterCard

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN COMPLETED FORM AND PAYMENT  
BY APRIL 19  
TO NAIFA KANSAS**

825 S. Kansas Avenue, Suite 500

Topeka, KS 66612-1253

Phone: 785.354.7770

fax: 785.233.2206

Registration online at [www.naifakansas.org](http://www.naifakansas.org)