

**KAEOPP CONFERENCE REGISTRATION**  
**2009 KAEOPP/TASP FALL CONFERENCE**  
November 9, 2009 – November 11, 2009  
Griffin Gate Marriott Resort and Spa, Lexington, KY

(Please type or print clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title & TRIO Project(s) \_\_\_\_\_

Institution/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Will this be your first KAEOPP conference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a new member? \_\_\_\_\_ Yes \_\_\_\_\_ No TRIO Program Start Date \_\_\_\_\_ mm /yr

Are you a TRIO Alumnus? \_\_\_\_\_ Yes \_\_\_\_\_ No Program: \_\_\_\_\_

**Conference Registration Fees (Members)**

Early Bird Registration <b>must be post marked by September 13, 2009</b>	<b>\$175.00</b>	\$ _____
Mail-In Registration <b>must be postmarked by October 13, 2009</b>	<b>\$195.00</b>	\$ _____
Late Registration <b>postmarked after October 13, 2009</b>	<b>\$ 215.00</b>	\$ _____
On-site Registration	<b>\$225.00</b>	\$ _____

**Total Enclosed** (if you are paying Credit/ProCard please indicate on the line.) \$ \_\_\_\_\_

**Conference Registration Fees (Non-Members)**

Mail in Registration <b>must be post marked by October 13, 2009</b>	<b>\$225.00</b>	\$ _____
On-site Registration	<b>\$235.00</b>	\$ _____

**Total Enclosed** ..... \$ \_\_\_\_\_

**Special Services Required:** \_\_\_\_\_ Large Print \_\_\_\_\_ Vegetarian Meal  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

**\*\*\* If you wish to pay with credit card, this registration form must be submitted by the deadline. You will then receive an e-invoice from pay pal. You will submit your payment accordingly. A \$5 transaction fee per registration form will apply**

Full payment must accompany this form.

Make checks payable to KAEOPP.

Mail payment and this form to:

KAEOPP Treasurer – Attention: Tammy Blackburn  
Morehead State University, Educational Opportunity Center  
150 University Blvd., UPO Box 1378, Morehead, KY 40351

Hotel information: 1800 Newtown Pike Lexington, Kentucky 40511 USA Phone: 1-859-231-5100 Fax: 1-859-255-9944

Room Rates\*: \$105 / Traditional, \$135 / Suites. Rates listed do not include room tax. \*Deadline for Room Reservations is October 2, 2009. Rates cannot be guaranteed after this date.