

C.W.D.A.K. SUMMER TRAINING
July 20-22, 2021
HILTON GARDEN INN MANHATTAN
410 S. 3RD STREET
MANHATTAN, KS 66502

Accommodations: See attached page
(Please bring a copy of your sales tax exempt form)

Make arrangements for direct billing when you make your reservations.

Please make reservations by **June 30, 2021**

: https://hiltongardeninn.hilton.com/en/gi/groups/personalized/M/MANGIGI-CWDAK2-20210719/index.jhtml?WT.mc_id=POG

Group Name: ~ County Weed Directors Assoc of KS ~
 Group Code: CWDAK2
 Check-in: 19-JUL-2021
 Check-out: 22-JUL-2021
 Phone Number: 785.532.9116

Make Training Registration checks payable to **C.W.D.A.K.** and mail by **July 9, 2021** to:
Stafford County Weed Department
P.O. Box 95
St. John, KS 67576

County registration includes: \$ 125.00
 This includes: 1 Directors meals and credit hours

Helper registration: \$ 50.00

Non-CWDAK registration: \$10.00 per credit hour/6 credit hours available /Tues. & Wed. only \$ 10.00 ea. hour

County _____

Name (List all names attending)	Title	Attending							
		Wed. Breakfast		Wed. Lunch		Wed. Dinner			
		Yes	No	Yes	No	Yes	No	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-CWDAK Registration - Name	City/Title	1 Hour	5 Hours	6 Hours
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

___ Director Registration - \$125.00 \$ _____
 ___ Helpers - \$50.00 each _____
 ___ Non-CWDAK - \$10.00/per hour (up to \$60.00) _____

Total Registration Fees: \$ _____

PLEASE MAKE SURE TO INCLUDE A COPY OF THIS FORM WITH YOUR CHECK.

THANK YOU!!!