

**County Weed Directors Association of Kansas  
86<sup>th</sup> Annual Conference  
February 27 – February 29, 2024**

**Hilton Garden Inn  
410 South 3<sup>rd</sup> Street, Manhattan, Kansas 66502  
785-532-9116**

Please make reservations by February 2, 2024.

Group Rate is \$117.00. Please inform them you are with CWDAK to get the conference rate.

Group Code: **CWDAK**

<https://www.hilton.com/en/attend-my-event/mangigi-cwdak-f5b7659f-393b-460c-9982-39a93db55b0f/>

Bring copy of sales tax exempt form, and make arrangements for direct billing when you make your reservations.

**OTHER LODGING AVAILABLE IN THE AREA::**

Fairfield by Marriott (785-539-2400) \$115/night Reserve by January 28th  
Holiday Inn Express (785-320-7454) \$124/night **Code CWD** Reserve by January 28th

Make checks payable to: CWDAK and mail by February 9, 2024 to:

**Stafford County Weed Department Attn: Ryan Witt**

**P.O. Box 95**

**St. John, KS 67576-0095**

Registration can also be paid online at [cwdak.org](http://cwdak.org)

Click on the Online Payments tab and follow the instructions

(If you pay online, please still send this Registration form to the above address)

**County Registration includes:**

All registration, vendors, recertification, 1 Wed. Luncheon and 1 Wed. Banquet	\$375.00
Extra ticket Wednesday Luncheon (for other attending staff and spouses)	\$ 30.00
Extra ticket for Wednesday Evening Awards Banquet (for other attending staff and spouses)	\$ 50.00

County \_\_\_\_\_

District \_\_\_\_\_

<u>Name</u> (List all names attending)	<u>Title</u>	<u>Attending</u>					
		Recertification		Wednesday Luncheon		Wednesday Banquet	
		Yes	No	Yes	No	Yes	No
_____	_____	—	—	—	—	—	—
_____	_____	—	—	—	—	—	—
_____	_____	—	—	—	—	—	—
_____	_____	—	—	—	—	—	—
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_____	_____	—	—	—	—	—	—

County Registration: (only one full registration per County)	\$375.00	\$ _____
_____ Extra Wednesday Awards Luncheon tickets @ \$30.00 each		\$ _____
_____ Extra Wednesday Awards Banquet tickets @ \$50.00 each		\$ _____
<b>Total Registration Fees:</b>		\$ _____
<b>Please Check Box If Paid Online:</b>		<input type="checkbox"/>

**COUNTY CLERKS OR OFFICE ASSISTANTS  
PLEASE MAKE SURE A COPY OF THIS FORM GOES IN WITH  
YOUR REGISTRATION PAYMENT TO THE ABOVE ADDRESS**