



2010 SUPERINTENDENTS' RETREAT/DSLDP
The Renaissance Resort at World Golf Village || St. Augustine, Florida
February 6-10, 2010

CONFERENCE REGISTRATION

NAME _____

DISTRICT _____

ATTENDANCE

Superintendent

YES, I will attend the conference.

NO, I will NOT attend.

Spouse (Complete only if spouse is attending)

YES, my spouse will attend the conference.

Preferred name for badge _____

Email address _____

I will attend alternate spouse activities

GOLF

I am interested in participating in the Monday golf excursion. Please contact me with more information.

CONFERENCE REGISTRATION FEE

My check for \$_____ is enclosed. **\$275 per individual || \$540 per couple**

TRAVEL INFORMATION:

I / We will arrive by: car Arrival Date (if other than 02/06/10): _____

air Departure Date (if other than 02/11/10): _____

Please return via fax or mail to Diane Miller in the Event Services
no later than December 18, 2009.

fax – 913-577-0844 || mail – 17001 Prairie Star Parkway • Lenexa KS 66220

Or register on-line [Click Here](#)