



**These Boots
are Made for
Walking**

KENTUCKY FEDERATION OF REPUBLICAN WOMEN BIENNIAL CONVENTION

August 9-10, 2024

Hilton Lexington Downtown Hotel
369 West Vine Street | Lexington, KY 40507

The Executive Committee is working hard to make this year's convention informative and *FUN for all!* We want to make the registration process as easy as possible. If you have any questions about registration, please contact Sherry Goodridge, KFRW Treasurer at 859-905-8113 or email sherryg_kcrwc@outlook.com.

KEY INFO:	<p>Early Bird Registration amount of \$150.00 ends June 30, 2024 Late registration in the amount of \$200.00 ends on July 31, 2024 Registration Closed on August 1 – NO EXCEPTIONS</p> <hr/> <p>Full registration will include the following: Friday August 9th ~ Evening Reception. Saturday August 10th ~ Convention Session, Lunch Program, Leadership Institute Workshop and Banquet Dinner. Guest dinner ticket ~ \$50 per meal</p>
How To Pay:	<p>Mail check made payable to KFRW to: Sherry Goodridge, KFRW Treasurer 35 Roselawn Drive Independence, KY 41051</p> <p style="text-align: center;">OR</p> <p>Pay by Credit Card using link below: (Note cost will be \$155 to cover the <i>transaction fees</i>)</p> <p style="text-align: center;">https://connect.intuit.com/pay/KentuckyFederationOfRepubl/scs-v1-f2a8db1306a14b0eb043ce57bd840bc377e2542c05f9413187dccd20c2d50aa5d1ad38de5fbc4301ba6837f92fc651e3?locale=EN_US</p>
Hotel Reservation:	<p style="text-align: center;">We have a limited number of rooms available so be sure to make your hotel reservations at the Hilton Lexington Downtown Hotel using the link below ASAP!</p> <p style="text-align: center;">https://www.hilton.com/en/attend-my-event/kfrwbiennialconvention2024/</p>

***THANK YOU FOR REGISTERING!
WE LOOK FORWARD TO SEEING YOU IN AUGUST!***

**KENTUCKY FEDERATION OF REPUBLICAN WOMEN
BIENNIAL CONVENTION REGISTRATION FORM**

August 9-10, 2024

Full Name:	
Club:	
Email:	
Phone:	
Guest Name:	
Guest Meals:	<i>Saturday Lunch \$50</i> <i>Saturday Dinner \$50</i> <i>(please circle meals of guest attending if applicable)</i>
Dietary Restrictions:	<i>Vegetarian Meal</i> <i>Gluten Free</i> <i>Other:_____</i>
Total Amount Paid:	

Please indicate dates you plan to attend:

Both Friday evening and Saturday _____ Saturday only _____

Mail this form to:



**SHERRY GOODRIDGE, KFRW TREASURER
35 ROSELAWN DRIVE
INDEPENDENCE, KY**

OR

Email This Form To: sherryg_kcrwc@outlook.com