



# Colorado 2010 ANNUAL SPRING EDUCATION CONFERENCE



**MAY 5 & 6, 2010 • OMNI INTERLOCKEN RESORT**

500 Interlocken Blvd. • Broomfield, CO 80021 • 303-438-6600

Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

<b>REGISTRATION DEADLINE – APRIL 26, 2010</b>		<b>LATE REGISTRATION FEE</b> (After APRIL 26) Add \$50 per Attendee
<input type="checkbox"/> \$300 CASCA Member	<input type="checkbox"/> \$350 Non-Member	
<input type="checkbox"/> \$250 Addt'l CASCA Attendee(s)	<input type="checkbox"/> \$300 Addt'l Non-Member Attendee(s)	

**ATTENDEES • RN # REQUIRED FOR CEUs**

Name _____	RN License # _____	Fees
Email _____	_____	\$ _____
Name _____	RN License # _____	Fees
Email _____	_____	\$ _____
Name _____	RN License # _____	Fees
Email _____	_____	\$ _____
<b>TOTAL</b>		\$ _____

*After APRIL 23, 2010 any cancellations will be refunded at 50% of the registration fee.*

Copy Registration Form as needed for addt'l attendees.

**CREDIT CARD INFORMATION**    VISA  • MASTERCARD  • AMERICAN EXPRESS  • DISCOVER

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_  
 Cardholder \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Signature \_\_\_\_\_

**MAKE CHECKS PAYABLE TO CASCA**

Check Number \_\_\_\_\_

**PLEASE MAIL OR FAX REGISTRATION FORM & PAYMENT TO:**  
 CASCA, 3333 S. Bannock Street, Suite 220, Englewood, CO 80110  
 Phone: (303) 761-3596 • Fax: (303) 761-3635 • www.CASCACOLORADO.com

