

STAFF / REGISTRATION FORM

Staff are welcome to attend, but the meeting will not be offering a separate staff program this year.

Colorado Summer Orthodontic Meeting

June 25-27, 2010

The Hotel Colorado, Glenwood Springs, Colorado

Reservations at
Hotel Colorado
970-945-6511
Call before June 2 to
ensure availability
Be sure to mention
**Colorado Summer
Orthodontic Meeting**

Submit one form per person. Please print legibly or type all information below.
Keep a copy of this form for your records.

First name _____ Last name _____

Doctor's Name _____

Address _____

City _____ State _____ Postal code _____

Office phone (____) _____ Fax (____) _____

Email _____

STAFF REGISTRATION

Staff Registration includes admission to Saturday and Sunday education lectures, continental breakfasts and refreshment breaks.

Check one option below:	On/before May 1	After May 1	Total Amount Due
<input type="checkbox"/> Full Conference	\$150	\$200	\$ _____

OPTIONAL EVENTS

Interested in Fly Fishing, June 24th..... Yes, I am interested in fly fishing.
Please contact me with more information.

Glenwood Adventure Park, Saturday, June 26th # _____ at \$25 each \$ _____
Children under 5 # _____ No Charge

TOTAL AMOUNT DUE \$ _____

Register online with your Visa or Mastercard at ColoradoSummerMeeting.org

Method of Payment: Visa Mastercard Enclosed: Registration form & check (payable to Colorado Summer Orthodontic Meeting)

Credit Card Number _____ Exp. Date ____/____

Cardholder Name _____

Cardholder Signature _____

All cancellations must be submitted in writing and received at the Colorado Summer Orthodontic Meeting office no later than May 21, 2010.

No refunds will be granted for cancellations after May 21st and for no shows.

Please send registration:

Colorado Summer Orthodontic Meeting
Danette Garlock
6000 East Evans Avenue #3-205, Denver, CO 80222
Phone 303-758-9611, Fax 303-758-9616
csom@acemgmt.com

For CSOM Use	
Date _____	Paid \$ _____
Ck# _____	MTK _____