



Registration Form

(Mr. _____, Ms. _____, Mrs. _____, Dr. _____ – one)

NAME

TITLE

ORGANIZATION

ADDRESS

ADDRESS (CONTINUED)

CITY, STATE, ZIP

PHONE NUMBER

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT

- Telephone
 E-mail

CHECK ALL THAT APPLY

- Board Member
 Board Executive
 Board Attorney
 Board Staff
 Other (Please specify)

HAS ANYONE FROM YOUR BOARD ATTENDED A PREVIOUS LEARNING SUMMIT?

- First Time Attendee
 Previous Attendee

LODGING PREFERENCES:

Check all that apply

- Non-smoking Room
 Smoking Room
 Handicap Accessible
 King Bed
 Two Beds
 Additional Nights # _____

*CPEP will cover the cost of one night of lodging for the Learning Summit (6/21/10).

MEAL PREFERENCE (Check one)

- Beef
 Chicken
 Vegetarian

Selection is used to get a gauge of the number and types of meals. Registrant will not be held to their selection.

Return this completed form by
Friday, June 4th to:

CPEP
Stephanie McGee
7351 Lowry Blvd., Suite 100
Denver, CO 80230
Fax: (303) 577-3241
E-Mail: smcgee@cpepdoc.org