



**18th Annual
Colorado Pharmacists Society
Winter Continuing
Education Seminar
January 10 – 13, 2010**

Continuing Education

Registration includes materials, meeting sessions, reception, full breakfast, refreshments, and other conference related events and materials. Guest meals / refreshments are NOT included. We may update you with schedule or event changes at the provided email address or you may check www.copharm.org regularly for seminar updates.

Name _____
Address _____
City, State, Zip _____
Contact Phone _____

E-mail (for seminar updates)_____

I'm attending for the 1st time & was referred by:_____

Complete name of registered attendee must be provided for credit to be given.

Ski Passes-Available online or with the lift pass registration form.

Winter Seminar.....Full Registration at \$499 for 4 days = _____
Seminar Daily Registration (up to 4 hours CE) at \$125 per day = _____

PAYMENT DUE TO

COLORADO PHARMACISTS SOCIETY:

Registration \$

Please send your payment & registration form to:

Colorado Pharmacists Society
6825 E. Tennessee Ave. #440
Denver, CO 80224
303.756.3069 (voice) —303.756.3649 (fax)

Send check OR ... Charge to my:
 Check ... MC / VISA / AMEX

Name on Card _____

Card # _____ Exp. Date ____/____

Signature _____

Registration fee is fully refundable upon **written** request to Colorado Pharmacists Society received on/before December 3, 2009.

1st TIME attending pharmacist registering with your NAME, reduces YOUR REGISTRATION fee by \$100.