



**Colorado Pharmacists Society**  
**2011 Annual Fall Meeting**  
**October 13-15.2011**  
**Doubletree Denver Tech Center**

**REGISTRANT INFORMATION (Please, only one person per form):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Contact Phone \_\_\_\_\_

**CONTINUING EDUCATION INVESTMENT:**

**Only Full Conference** registration includes all meals, exhibits, awards banquet and 12 hours of CE. **Friday** Full Day includes lunch, exhibit hall and 7 hours of CE; **Saturday** Full Day includes lunch and 5 hours of CE. Partial (CE hour) includes exhibit hall and CE only.

**ACTIVE MEMBER REGISTRATION:**

<u>Pharmacist</u>	Full Conference	\$249.00	<input type="checkbox"/>	\$
	Single Full Day	\$145.00	FRI <input type="checkbox"/> or SAT <input type="checkbox"/>	
<u>Resident / Technician</u>	Full Conference	\$119.00	<input type="checkbox"/>	
	Single Full Day	\$95.00	FRI <input type="checkbox"/> or SAT <input type="checkbox"/>	
<u>All Members</u>	Partial Day (<=6 hrs)	\$20.00 / CE hr X _____ hours	=	

**NOT AN ACTIVE MEMBER?:**

Pharmacists & technicians add \$10 to your Full Conference registration and receive a one-year CPS membership.

<u>Pharmacist</u>	Full Conference	\$349.00	<input type="checkbox"/> + \$10 membership=	\$
	Single Full Day	\$195.00	FRI <input type="checkbox"/> or SAT <input type="checkbox"/>	
<u>Resident / Technician</u>	Full Conference	\$169.00	<input type="checkbox"/> + \$10 membership=	
	Single Full Day	\$145.00	FRI <input type="checkbox"/> or SAT <input type="checkbox"/>	
<u>All Non-members</u>	Partial Day (<=6 hrs)	\$30.00 / CE hr X _____ hours	=	

**ADDITIONAL ITEMS:**

Lunch(es) for Partial Day registrants & Guests \$25.00 X \_\_\_\_\_ meals = \$ \_\_\_\_\_  
 Contribution to Student Scholarship Fund \$ \_\_\_\_\_



**Partial registrants!** What day(s) are you planning to attend?

FRI  SAT

**TOTAL AMOUNT DUE**

\$

**PAYMENT METHOD:**  Check (payable to CPS) **OR**  MC /  VISA /  AMEX

Name of Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Registration will **NOT** be accepted without payment. Please return form with remittance to:

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