



Colorado Coroners Association
ANNUAL CONFERENCE
Wednesday June 6 thru Friday June 8, 2012
Pueblo Convention Center
320 Central Main Street
Pueblo, Colorado 81003

REGISTRATION FORM

22 Hours Continuing Education

Name: _____ Title: _____

Department: _____ Address: _____

Phone: _____ Email: _____

All registrations include lunch daily, am/pm snack and banquet dinner on June 7th

_____ \$325.00/person Member Registration Fee

_____ \$375.00/person Non-Member Registration Fee

_____ \$40.00 Per Extra Dinner on June 7th if bringing guest

\$ _____ **Total Enclosed**

Please Register by May 16, 2012

Questions: Debbie Reisdorff, phone (970) 628-5151, Fax (970) 679-4510

Email: Coloradocoroners@gmail.com

Mail completed form and check to: Debbie Reisdorff
Larimer County Coroner Office
495 N Denver Avenue
Loveland, CO 80537

Make checks payable to Colorado Coroners Association

To use a credit card: Fax registration to: 303-646-0446

Card # _____ Exp Date: _____ Verification # _____
(3 digits from back of card)

Call Sandy Graeff: 303-646-5599 for credit card information over the phone.

Additional Information and Updates please go to the CCA Website



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HOTEL RESERVATION

Cut off for reservations is May 16, 2012

Please call or send reservation to:

Pueblo Marriott (attached to Convention Center)
110 W First St., Pueblo
Phone (719) 542-3200

Rates: 89.00/night

Cambria Suites (across the street)*
150 S. Santa Fe Ave., Pueblo
Phone (719) 546-1234

Rates: \$89.00/night

*after April 1st Cambria Suites will change ownership
To Springhill Suites by Marriott

Use Group Code "CCA" for preferred rate

A credit card or check must be used to hold the room. If you are going to use a tax exempt status you must have the tax exempt number and the check must be from the tax exempt organization.



CCA SCHOLARSHIP REQUEST FORM
6 full Scholarships will be awarded
Cut off for submission is May 1, 2012

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NAME: _____ TITLE: _____

COUNTY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

This request will cover:

\$325.00 _____ Cost of Conference

\$ 89.00/night _____ Hotel Room for _____ Tue (6/5), _____ Wed (6/6) _____ Thu (6/7)
Please Note which nights you will be staying

Applicant Signature _____ Date

Approval by CCA Scholarship Committee _____ Date

Fax Scholarship Request to: (970) 679-4510
Email Scholarship Request to: Coloradocoroners@gmail.com
Questions: please call Debbie Reisdorff at (970) 628-5151