



# 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

24 Hours Continuing Education

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ \$325.00/person Member Registration Fee

\_\_\_\_\_ \$350.00/person Non-Member Registration Fee

All Registrations include lunch AM/PM snacks

All Registrations include Banquet Dinner on June 7<sup>th</sup>

\_\_\_\_\_ \$40.00 Per Extra Dinner on June 7<sup>th</sup> if bringing guest

\$ \_\_\_\_\_ **Total Enclosed**

***Please Register by May 16, 2012***

**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.

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

Email: [Coloradocoroners@gmail.com](mailto:Coloradocoroners@gmail.com)

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 1<sup>st</sup> 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](mailto:Coloradocoroners@gmail.com)*  
*Questions: please call Debbie Reisdorff at (970) 628-5151*