

**COLORADO CANCER REGISTRARS ASSOCIATION
FALL 2011 EDUCATIONAL MEETING REGISTRATION FORM
SEPTEMBER 30, 2011**

**ANSCHUTZ MEDICAL CAMPUS
EDUCATION 2 NORTH ROOM P28-1107
13120 E. 19TH AVE
AURORA, CO 80045**

AMY KENDALL: 303-724-5612 AND KIMBERLEE HORST: 720-777-6825

Please return registration and fees by September 23, 2011

Name: _____

Facility: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

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MEETING REGISTRATION FEES/PAYMENT SUMMARY

Please make check or money order payable to CCRA. No cash, please.

Continental Breakfast, Lunch & Afternoon Snack Will Be Provided

Meeting Registration, Member: \$40.00	\$ _____
Meeting Registration, Non-Member: \$65.00	\$ _____
Membership Dues (See Below)	\$ _____
Total Enclosed:	\$ _____

Return this form to:

**University of Colorado Hospital
Attention: Cancer Registry
1665 Aurora Ct. F704
Aurora, CO 80045**

All registration fees are final. No refunds will be made for non-attendance.

For questions regarding this meeting please call: Amy Kendall 303-724-5612 or Kimberlee Horst 720-777-6825

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MEMBERSHIP DUES

___ \$28.00 Member _____ \$13.00 Student/Associate

Dues for renewal are delinquent as of March 31st. The above amount includes a **\$3.00 late fee**.

For information on becoming a member, contact: Andrea Spaulding (andrea.spaulding@healthonecares.com or 303-839-6932).