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# Registration Form

## Colorado PTA 90th Annual Convention

### "Come Together"



**Friday, April 15 & Saturday, April 16, 2011**

email completed form as an attachment to [office@copta.org](mailto:office@copta.org) or fax to 303-420-7703  
or Copy and mail completed form(s) with payment (checks made payable to Colorado PTA) to:  
Colorado PTA • 7859 W. 38th Avenue • Wheat Ridge, CO 80033

For assistance or more information call 303-420-7820, toll free 1-888-225-8234 or visit [www.copta.org](http://www.copta.org)

**Early Bird Registration: MARCH 2, 2011**

**ALL DELEGATES** must present their 2010-2011 PTA membership card to receive convention materials on site.  
**ALL VOTING DELEGATES** must present a valid signed credential card **AND** 2010-2011 PTA membership card.

**Mail Now! No Refunds after March 16, 2011**

#### Two Day Registration

Two day registration fee includes 6 meals and  
Friday night hotel room (double occupancy).

**Early bird registration: \$250 per person by March 2**  
**Registration: \$300\* per person after March 2**

\*Rooms may not be guaranteed after March 16

Single room (add \$55 to above registration fee)

Double Occupancy      Female      Male

(Roommate Name)

(If no name is listed, a roommate will be assigned)

I will not need a room (no discount)

#### Check all meals you plan to attend:

Friday:      Breakfast      Lunch      Dinner

Saturday:      Breakfast      Lunch      Dinner

**Special requests:** (dietary, allergies, handicap, translation)

**Non- PTA Members – Add \$100 to the above pricing**

#### One Day Registration

One day registration fee includes 3 meals.  
Hotel room is **NOT** included.

**Early bird registration: \$200 per person by March 2**  
**Registration: \$225 per person after March 2**

#### Check the day you plan to attend:

Friday, April 15

Saturday, April 16

#### Check all meals attending:

Friday:      Breakfast      Lunch      Dinner

Saturday:      Breakfast      Lunch      Dinner

**Special requests:** (dietary, allergies, handicap, translation)

**Non- PTA Members – Add \$100 to the above pricing**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

Name of PTA Unit: \_\_\_\_\_

Is this your first PTA Convention?    Yes    No

Are you a Colorado PTA Life Member?    Yes    No

#### Credit Card Information

Name Printed on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_