

# Registration Form

**Tuesday evening &  
 Wednesday all day  
 September 24 & 25, 2024  
 4:30 pm – 7:00 pm  
 8:30 am – 4:00 pm**

**Welcome Reception:**

View House  
 7101 South Clinton Street  
 Centennial, CO 80112

**Annual Meeting:**

PPA Event Center  
 2105 Decatur Street  
 Denver, CO 80211

**Registration Fees**

CAMES Member	<b>\$150</b>
Each Additional Registrant (same company)	<b>\$75</b>
Non-Member	<b>\$175</b>
Each Additional Non-Member Registrant (same company)	<b>\$75</b>

Cancellations must be made 7 days prior to the event. Late cancellations will be responsible for registration.

Name of Attendee(s) \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ CAMES Member (\$150) + (\$75) for each additional person

\_\_\_\_\_ Non-member (\$175) + (\$75) for each additional person

\_\_\_\_\_ Interested in membership

\_\_\_\_\_ Interested in more information about CAMES

**Payment Method**

Check enclosed made payable to CAMES

Charge my  MasterCard  VISA  Discover  Amer Exp

I authorize CAMES to bill my credit card in the amount of \$ \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ Code (3 digits on back) \_\_\_\_\_

Name on card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Billing Address of the Cardholder

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**We Look Forward to Seeing You There!**

mail or e-mail this form with payment to:

CAMES Attn: Cindy Link

110 16<sup>th</sup> St. #1400 Denver, CO 80202

**E-Mail: [clink@aponte-busam.com](mailto:clink@aponte-busam.com)**