

C.L.E.F.I.A. CONFERENCE AND SEMINAR REGISTRATION FORM
(For additional participants please photocopy this form.)

NAME: _____

DEPARTMENT: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Guest for Banquet: Additional \$20.00 per person. # of Guests: _____

Mail with Payment to:

Dave Hall
Mailbox F409; Building 407
12454 E. 19th Place
Aurora, Co. 80045
303-724-6216
daveh@clefia.org

Make Checks Payable to : CLEFIA