

Fall Conference 2009

“Business Incubation During These Changing Economic Times”

**Join us at the award winning business incubator
in Grand Junction, Colorado!**

**Thursday, October 8, 2009
Grand Junction Business Incubator Center
2951 B ³/₄ Road
Grand Junction, Colorado**

Who should attend?

- *Incubator operators/managers/directors*
- *Economic development professionals/Academic professionals*
- *Service providers that support business incubation*

Registration Form

Name _____

Title _____

Organization _____

Email address _____ Phone # _____

Address _____

Street _____

City _____

State _____

Zip Code _____

Please Check One: _____ Member _____ Non-Member*

Conference Fees (includes breakfast and lunch/tour):

\$50 for CBIA members* by **October 1st**

\$60 at door for CBIA members*

\$65 for non-CBIA members by **October 1st**

\$75 at door for non-CBIA members

\$40 for Winery Tours and Dinner

_____ I would like join you for the wine tours and dinner immediately following the Conference.

***To join CBIA before the conference and take advantage of Member discounts, please complete and fax your membership application to Michelle Alcott 303-934-1266 (download application at <http://www.coloradobusinessincubation.org/membership.htm>)**

Please select payment method:

_____ **Check (or cash)**

Payment instructions if paying by check: Fax this registration form to Michelle Alcott at 303-934-1266 (bring check with you to conference).

_____ **Credit Card** (Visa, MasterCard, Discover) – see payment instructions on the following page.

CBIA Fall Conference 2009

Payment instructions if paying by credit card: Complete the following credit card information and fax this registration form by **October 1st** to Vicki Jenings at 720-859-4110 or if you prefer to mail the registration form with credit card information, please mail by **September 29th** to:

Vicki Jenings
Fitzsimons Redevelopment Authority
12635 E. Montview Blvd, Suite 100
Aurora, CO 80045

Please complete the following information:

Amount authorized: Conference	\$ _____
Winery Tours & Dinner	\$ _____
Total Amount Charged	\$ _____

Cardholder Name: _____

Type of Card (circle one): Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

Billing Address (if different than address above):

Street

City	State	Zip Code
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Signature

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Office use only

Entered by: _____

Capture # _____

Reference # _____