

## Summer Conference 2010

### *“Enhancing the Power of Colorado's Entrepreneurial Support Network Through Collaboration”*

**Friday, June 4, 2010**

Forest City-Stapleton  
7300 East 29th Avenue  
Denver, CO 80238-2699

**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:**

**1-Day Conference Rate (Friday, June 4<sup>th</sup> Only)**

\$50 for CBIA members

\$60 at door for CBIA members

\$65 for non-CBIA members by

\$75 at door for non-CBIA members

**2- Day Conference Rate (includes both Thursday and Friday programs)**

\$65 for CBIA members

\$75 at the door for CBIA members

\$80 for non-CBIA members

\$90 at the door for non-CBIA members

*\*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/events\\_media.htm](http://www.coloradobusinessincubation.org/events_media.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.

If payment is by Credit Card:

Complete the following credit card information and fax this registration form by **May 25th** to Vicki Jenings at 720-859-4110 or if you prefer to mail the registration form with credit card information, please mail by **May 25th** to:

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

Please complete the following information:

|                    |                |          |
|--------------------|----------------|----------|
| Amount authorized: | Pre-Conference | \$ _____ |
|                    | Conference     | \$ _____ |
|                    | Total          | \$ _____ |

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**

\_\_\_\_\_

**Signature**