



Colorado IDSA  
Second Annual Meeting  
Friday April 17<sup>th</sup>, 2009

## MEETING REGISTRATION

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Name \_\_\_\_\_

Degree/Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Registration includes meeting registration, Colorado chapter membership fee of \$15, lunch, light breakfast, late afternoon cocktails and hors d'oeuvres.

**Registration – please indicate with an “X”**

\$100.00- Registration for Annual Meeting\*  
and COIDSA

Fee Waived - Infectious Disease, Clinical  
Microbiology Fellows/Residents in Training

Please note any dietary restrictions: \_\_\_\_\_

\* NOTICE: Colorado IDSA cannot accept credit cards. All forms of payment for registration must be made in cash or by check; a receipt will be provided at the meeting. CME is not being provided for this event.

Please mail this form and your remittance (payable to Colorado IDSA) to:

Melissa McQueen  
7859 E. 28<sup>th</sup> Pl.  
Denver, CO 80238