

**COLORADO NATIVE PLANT SOCIETY
WORKSHOP REGISTRATION FORM
2010-2011**

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (h): _____ PHONE (w): _____

PHONE (cell): _____ EMAIL: _____

I am a member of CONPS Yes No.
(If not, you must add the annual membership fee to your payment.)

Please register me for the following workshops at **\$25 per session**:

Workshop Title _____	Session Date _____	Fee \$ _____
Workshop Title _____	Session Date _____	Fee \$ _____
Workshop Title _____	Session Date _____	Fee \$ _____
Workshop Title _____	Session Date _____	Fee \$ _____
Workshop Title _____	Session Date _____	Fee \$ _____
Workshop Title _____	Session Date _____	Fee \$ _____

Total Registration Fees _____

Membership fee (if applicable) \$ _____

Total amount of check made payable to CONPS \$ _____

To encourage carpooling, are you willing to share your contact information with others in the same workshop? Yes No

Mail Workshop Registration to:

CoNPS, Linda Smith, 4057 Cottonwood Dr., Loveland CO 80538

MEMBERSHIP FEES (circle one):

Please select an affiliate Chapter (all members may attend any chapter event):

Boulder ___ Denver/Metro ___ Northern ___ SE ___ SW ___ Plateau ___ San Luis Valley ___

Individual	\$20	Family	\$30
Senior	\$12	Student	\$12
Organization	\$30	Supporting	\$50
Lifetime	\$300		