

COLORADO NATIVE PLANT SOCIETY WORKSHOP REGISTRATION FORM

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

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

PHONE (c): (_____) _____ EMAIL: _____

I am a member of CoNPS Yes No.

(If not, please add the annual membership fee to your payment, or pay the non-member fee listed on the workshop schedule.)

Please register me for the following workshops:

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) – see below \$ _____

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 and Check to:

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

MEMBERSHIP FEES (circle one):

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

Boulder _____ Metro/Denver _____ SE _____ SW _____
Northern _____ Plateau _____ Unaffiliated _____

Individual: \$25 Family: \$35 Senior: \$17 (65+) Student: \$17
Plant Lover: \$50 Supporting: \$100 Patron: \$250 Benefactor: \$500 Lifetime: \$800